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Contents on Colored Page IX.

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Complete Index to Advertisements on Colored Page, X.

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TO THE MEDICAL PROFESSION.

LACTOPEPTINE

Demonstrated Superiority of Lactopeptine as a Digestive Agent.

Certificate of Composition and Properties of Lactopeptine by Prof. ATTFIELD, Ph. D. F.R.S., F.I.C., F.C.S., Prof. of Practical Chem to the Phar., Society of Great Britain.

LONDON, May 3rd., 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare *Lactopeptine* from ingredients made under my own direction doing all this with the object of certifying that *Lactopeptine* is what its makers professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed *Lactopeptine* is a mixture of the three chief agents which enable ourselvs and all animals to digest food. That is to say, *Lactopeptine* is a skillfully prepared combination of meat-converting, fat-converting and starch-converting materials, acidified with those small proportions of acid that are always present in the healthy stomach; all being desseminatel in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory-lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the "pancreatin," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of *Lactopeptine*. A perfectly parallel series of experiments showed that any given weight of acidified pepsin alone, at first acts somewhat more rapidly than *Lactopeptine* containing the same weight of the same pepsin. Sooner or later, however, the action of the *Lactopeptine* overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the *Laciopeptine*. My conclusion is that *Lactopeptine* is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

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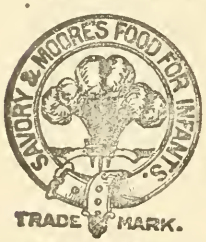

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New York, Sept., 22nd, 1883.

CONTENTS.

ORIGINAL CONTRIBUTIONS.

ARTICLE. PAGE.

LXV. Iodoform in Chronic Cystitis. By DAVID PRINCE, M. D., Jacksonville, Ill. 391

LXVI. Suggestions on the Nature and Treatment of Pneumonia. By S. H. BUNDY, M. D., of Lincoln, Ill. 393

LXVII. Remarks on some Papers Read before the Tri-State Medical Society, 1883. By WM. A. BYRD, M. D., of Quincy, Ill., Professor of Abdominal Surgery, College for Medical Practitioners, of St. Louis, Mo. 401

XLVIII. Naso-pharyngeal and Aural Catarrh. By P. W. LOGAN, M. D., of Knoxville, Tenn, (concluded) 405

LXIX. A Partial Extirpation of a Remarkably Large Bronchocele, by Dr. J. H. McIntyre. Reported by DR. W. W. WATKINS, of St. Louis, Mo. 409

LXX. Is Sulphate of Cinchonidia Oxytocic? By W. O. HENRY, M. D., of Pawnee City, Neb 412

TRANSLATIONS.

LXXI. Intertropical Pathology.—The Parasitic Theory of Yellow Fever. By Dr. J. B. De Lacerda, Assistant Director of the Laboratory of Experimental Physiology of the National Museum, Rio De Janiero. Translated from the Portuguese, of the *Uniao Medica*, of July, 1883, by JOSEPH WORKMAN, M. D., Toronto, Canada. [Translated for the JOURNAL.] 414

LXXII. FROM THE FRENCH.—EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By S. POLLAK, M. D, of St. Louis.—Stammering, its Relation to Poverty, and its Treatment. By Dr. Barkhan, of Brunswick, Germany.—The First Resection of the Lung in Italy 419

LXXIII. Therapeutics of Skin Diseases. By Prof. Henry Auspitz, of Vienna. Concerning the application of Remedies to the Skin in Thin Adhering Layers. From the *Wiener Medizinische Wochenschrift*. [Translated for the JOURNAL.] By Dr. Julius Baron, Berlin. 421

PROCEEDINGS OF MEDICAL SOCIETIES.

LXXIV. ST. LOUIS MEDICAL SOCIETY.—Spontaneous Gangrene of the Penis.—Dry Extract of Malt.—Hyperplastic Myoma of the Prostate.—Epithelioma of the Lip.—Specific Diarrhœa. Louse in the Ear.—Knife Blade in the Brain.—Fibrous Polypus of the Nose. 426

LXXV. PATHOLOGICAL SOCIETY OF PHILADELPHIA.—Specimen of very Large Ulcer of the Stomach, with Unusual Features. Presented by C. W. DULLES, M. D.—Case of Tubercular Ulceration of the Large Intestine, with Tubercular Infiltration of the Lungs and Spleen.—Case of Cancer of the Liver 458

LXXVI. AMERICAN RHINOLOGICAL ASSOCIATION 464

LXXVII. Correspondence.—Sarcomatous Tumor..... 468

LXXVIII. Editorial.—Hot Water as a Remedy.—Missouri Dental College..... 469

LXXIX. Periscope.—Local Applications to the Os and Cervix Uteri, in the Sickness of Pregnancy.—Death Caused by Entrance of Air into the Veins of the Uterus.—Disadvantages of Anthropophagy.—Solidified Creosote in Dental Caries.—Oil of Turpentine in Diphtheria.—Hæmaturia following the Administration of Salicylic Acid.—A Case with an Extremely Slow Pulse.—On Certain Abscesses of the Neck which may Cause Sudden Death, and how to Treat them with Success. Iodoform in Diphtheria.—Irrigation of the Stomach in Infants. The Value of Picric Acid as a Test for Albumen.—The Therapeutic Value of Corn Silk.—Hysteria.—A Needle Forty-six Years in the Body.—Adonis Vernalis as a Heart-Tonic and Diuretic.—Oil of Peppermint in Zoster.—Scarlet Fever.—Litmus Paper—Collodion for Wens.—The Master in Obstetrics 471

LXXX. Book Reviews..... 478

LXXXI. Obituary..... 484

LXXXII. Books and Pamphlets Received..... 485

LXXXIII. News Items..... 486

INDEX TO ADVERTISEMENTS.

Lambert & Co., *Listerine*.....1
R. M. Higgins, *Vaccine Virus*.....2
St. Louis Medical College.....3
E. Fougera & Co.....4-5-25-32
Geo. P. Rowell & Co.....6-30
Wyeth & Bro., *Quinquinia*.....7
W. H. Schieffelin & Co., *Gold Medal*.....8
Thos. F. Rumbold, "*Hygiene and Treatment of Catarrh*".....11
The Humiston Food Preserving Co., *Rex Magnus*.....12
Kidder & Laird, *Hydroline*.....13
Reed & Carnrick, *Beef Peptonoids*.....14
Reed & Carnrick, *Maltine*.....15
Aloe & Hernstein, *Surgical Instruments*.....16
E. T. Pelgree, *Surgical and Dental Instruments*.....17
Rumford Chemical Works, *Horsford's Acid Phosphate*.....18
Wm. Warner, *Sugar Coated Pills*.....19
R. L. Polk & Co.....20
Caswell & Hazard, Mensman's Peptonized Beef Tonic.....21
Battle & Co., *Bromidia.—papine*.....22
College for Medical Practitioners, St. Louis, Mo.....23
Florida State Gazetteer.....24
Southern practitioner.....26
Geo. C. Pitzer, M. D., *Electricity in Medicine and Surgery*.....27
H. H. Barrington, *Dr. Wadsworth's Uterine Elevator*.....28
E. Scheffer, *Pepsin*.....28
Anglo-Swiss Milk Food.....28
Notice to Commercial Travelers.....29
R. H. Gilliford, M. D.....29
Dr. H. Kane.....29
Albert Beck, *Skeletons*.....29
Thos. F. Rumbold, *private Instruction*.....30
Murdock Liquid Food Co.....31
H. Planten & Son, *Capsules*.....32
St. Louis Medical and Surgical Journal.....33
Subscription Blank.....34

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OF THE
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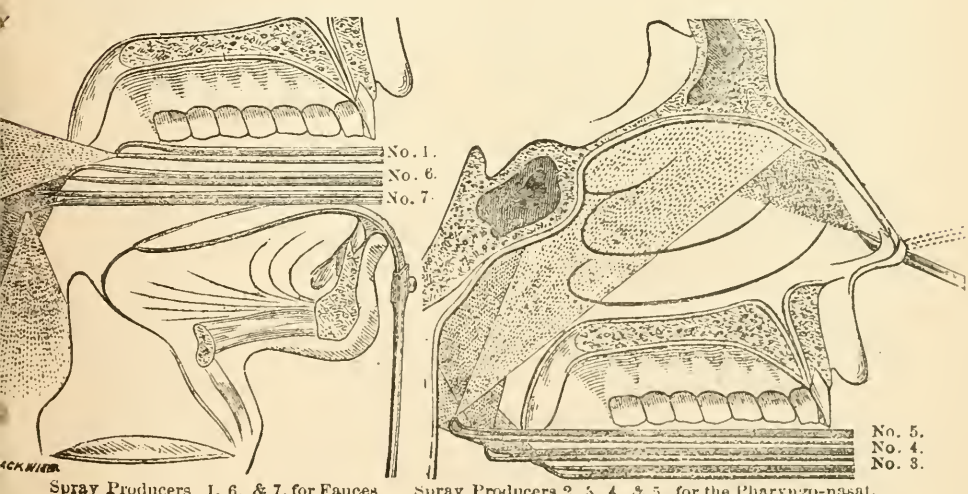

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We desire to call the attention of the medical profession to a practical and successful Food Preservative, which has been perfected by Prof. R. F. Humiston, of Boston, and called REX MAGNUS or the Humiston Food Preservative. This is perhaps a fanciful and high sounding title, but it is not inappropriate. It is indeed a "Mighty King," for it conquers TIME.

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ONLY PREPARATIONS THAT ARE EFFECTIVE,

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Destroys Any Hidden Germs

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MALTINE with Cod Liver Oil.
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MALTINE with Phosphorus Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
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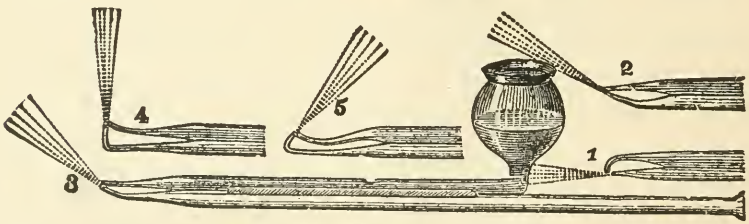

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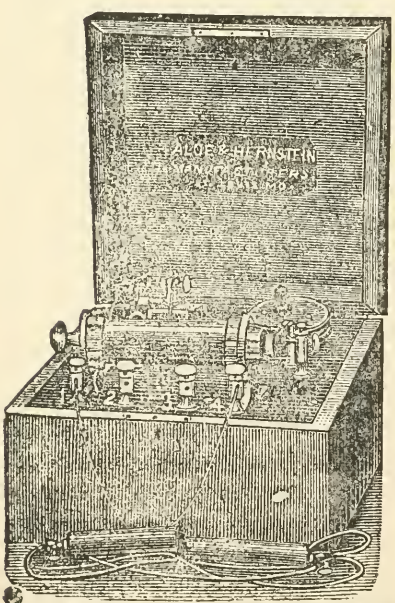

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Mr. E. T. Pelgree, Sir.—

As you have guaranteed that all of my Instruments that you manufacture will be as perfect as those you have made for me, I will recommend my friends to patronize you.

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St. Louis, May, 1882.

NO. 317 NORTH THIRD STREET.

Bet. Olive and Locust, ST. LOUIS, MO.

Horsford's Acid Phosphate

—IN—

IMPOTENCE,

Seminal Losses.

Impaired Vitality,

Spermatorrhœa.

We wish to call the attention of the profession to the action of Horsford's Acid Phosphate on the organs of generation, when their power has become impaired through sexual excess, or from senile impotence. It is at once rejuvenating and aphrodisiac in its effect. It appears to restore secretory organs that have been deranged, to their normal condition, giving vigor where there has been debility, and renewed strength where there has been exhaustion.

H. B. STORER, M. D., Boston, says: "I have found Horsford's Acid Phosphate serviceable, in a marked degree, in my treatment of spermatorrhœa."

E. W. JONES, M. D., Taunton, Mass., says: "Horsford's Acid Phosphate was prescribed in a case of nervous prostration from seminal losses, with decided beneficial effect."

C. S. ELLIS, M. D., Wabash, Ind., says: "I prescribed Horsford's Acid Phosphate in a case of nervous debility and weakness of the sexual organs; patient 48 years old; he was much benefited."

R. W. ERWIN, M. D., Bay City, Michigan, says: "In some cases of weakness following sexual indiscretions attended with nervousness, it is useful."

Each case presents its own peculiarities for treatment, but as a general rule we would suggest a half teaspoonful of Horsford's Acid Phosphate in half a tumbler of hot or cold water, or tea without milk, to be taken shortly after each meal, and upon retiring.

Pamphlet giving further details mailed free on application to the manufacturers.

Physicians who have not had a bottle of Horsford's Acid Phosphate, and who wish to test it, will be furnished with a sample without expense, except express charges.

RUMFORD CHEMICAL WORKS.

PROVIDENCE, R. I.

Original Contributions.

Article LXV.

Iodoform in Chronic Cystitis. By David Prince M. D., Jacksonville, Ill.

Having given to the readers of the Journal, for November, 1882, a short paper on the use of iodoform in the treatment of wounds, I now wish to call their attention to its use in chronic inflammation of the bladder.

One of the most troublesome elements of this disease, is the perpetuation of a septic condition, arising, spontaneously, in the pus secreted from the mucous membrane, the decomposition creeping along the urethra and affecting the purulent material imperfectly discharged, and finally reaching the bladder; or arising from decomposing material introduced by an impure catheter.

The perpetual irritation keeps up the contraction of the muscular fibres of the bladder, while the irritated condition of the mucous membrane, acting in a reflex manner, secures painful contraction, even after the contained urine has been expelled.

Theoretically, we ought to find benefit from those agents which subdue inflammatory action on other surfaces, but, practically, the irritation occasioned by the introduction of a catheter and the temporarily exciting nature of the material injected, have often led to disappointment.

The medication of the urine by medicine taken by the mouth, results in such a dilution of the agents in passing through the blood, that they become feeble means of subduing inflammation.

They probably act chiefly through their antiseptic properties, or through the changes they effect in the constitution of the urine.

External surfaces in a state of chronic inflammation, have their conditions changed by the application of nitrate of silver.

Following this suggestion of Dr. T. G. Richardson,*

*Dr. T. G. Richardson in "*The Medical News and Library*, Philadelphia, June 1878, advises the injection into the bladder of 20 to 60 grains of nitrate of silver in an ounce of water.

Dr. J. N. Thornton in H. C. Lea's *Monthly Abstract*, for July 1878, (from the London *Lancet* June 1st. 1878) recommends an acid solution of sulphate of quinia.

I had formerly some success by the injection of a strong solution of nitrate of silver, immediately following it with a solution of chloride of sodium, in order to secure a complete neutralization of the redundant portion of the nitrate. This application always occasioned some pain, though followed by relief in a few minutes.

Reasoning from the knowledge of the action of iodoform upon other irritable surfaces, it seemed probable that the effect might be equally good on the bladder. For the most satisfactory effect it seemed desirable, that the vehicle should itself be free from irritating properties. Starch was thought, from its unirritating nature, to meet the requirements and the result justified the anticipation. Five grams of iodoform, ground with twenty-five grams of starch and moistened with forty cubic centimeters of water, of which fifteen cubic centimeters were injected, acted like a charm on the first trial. A soft catheter was introduced, through which the urine remaining unexpelled was discharged, after which the iodoform mixture was injected and allowed to remain.

In the treatment of a case, of several years duration, in a young woman, the recovery is rapidly progressing. In this case, there had come a stricture of the urethra, probably through reflex spasmodic action, and in introducing the dilator for enlarging the urethra, it was punctured, the dilator passing into the vagina. The dilator was withdrawn and passed in the right direction and the stretching was then effected, as if no accident had happened. The iodoform injection was next made. The rent appeared to heal by first intention, as there was never any symptom of its presence. There has since been no resistance to the introduction of the catheter, through which the mixture is daily injected.

In the case of a gentleman, who had suffered greatly for several years, there was no pain after the first introduction. He thought after four days treatment that the capacity of his bladder had been doubled.

It is suggested that the treatment of moderate strictures of the urethra, accompanied by vesical inflammation, may be advantageously managed by a precursory treatment with iodoform and starch, after which the treatment by electrolysis and the mechanical means for dilatation may be employed.

It is anticipated, from this experience, that the treatment may be employed for gonorrhœa.

The employment of pencils or bougies of iodoform in gelatine, has been very satisfactory, but their retention cannot be prolonged beyond the first act of micturition. In the employment of the proposed injection, it may be expected that the iodoform will not be completely expelled by the first passage of urine, on account of the adhesion of the heavy crystals of iodoform to the mucous membrane.

Article LXVI.

Suggestions on the Nature and Treatment of Pneumonia.*

By S. H. Bundy, M. D., of Lincoln, Ill.

Gentlemen of the society: By request of my old professional friends, I offer a few suggestions on the nature and treatment of pneumonia, as usually encountered in the Mississippi Valley, and especially in Southern Illinois.

The Parts Implicated are, of course, familiar to all physicians; but, to bring the subject more clearly before us, we will briefly notice, in a general way, the structure and functions of them.

The Lungs are made up of lobules, resembling so many bunches of grapes, massed together and closely covered by the plural sack; and packed into the chest, one on each side, closely filling all the space under the ribs, save what is occupied by the heart and large blood-vessels. These lobules are composed of millions of bronchioles and air-cells, (little grapes with their stems) to conduct air into the chest and bring it into contact with the blood. For this purpose they are also supplied with innumerable minute capillaries that form a network around each air-vessel; through the thin coats of which, the volume of blood, in its passage from the right to the left side of the heart, every two or three minutes, comes so near the inhaled atmosphere, that it gives to it its carbonic acid and other poisonous material, and

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* Read before the Tri-State Medical Society, at Indianapolis, Ind., 1883. Published by request.

absorbs fresh supplies of oxygen; being thus changed from poisoned venous blood, to the life-giving fluid of the arteries.

This conjoined circulation of air and blood through the lungs is essential to animal life, and its interruption from any cause, is, to an equal extent, disease. But without nerve-force the intricate organs performing it, like all vital structures, would have no integrity or functional power.

THE PULMONARY NERVES arise from four little nerve-centres, one behind and one in front of each lung, called "the pulmonary plexes," made up of filiments from the pneumogastric, and much larger branches from the great sympathetic nerve, which in its whole course is connected with the spinal nerves. From these centres a branch is sent to each lobule; this divides into filiments that accompany each bronchiole, air-cell and capillary, to convey to them vital energy for their work. By this arrangement, the lungs are connected with the cerebro-spinal centres and receive both motor and sensitive fibres; the latter being distributed, almost exclusively, to their plural covering.

THE VASO-MOTOR AND SPINAL NERVES furnish the principal supply and preside more directly over the lungs, especially the former. But this great sympathetic, (vaso-motor) nerve-centre, has its roots in the spinal cord and sends its branches throughout the vascular system, to sustain the vital functions and connect and coördinate the different organs of the body.

A FACT OF IMPORTANCE, in this connection, may be mentioned tioned here, because of its great value in treatment. By their distribution and connection through the sympathetic system, the nerves of all internal organs, are, more or less, in harmony with those distributed to the surfaces above them; thus establishing intimate sympathy between the skin and contiguous internal parts. This wise provision is recognized and acted on by every physician, when dealing with diseased internal organs.

CONGESTION, OR ENGORGEMENT of any part immediately follows paralysis of the vaso-motor nerves supplying its capillary vessels; because on these nerves, as above stated, they depend for their integrity and ability to transmit the blood through their calibers. Paralyze their nerves and they become mere flaccid, membranous tubes, that distend with the blood forced into them and permit it to effuse through their walls into the surrounding tissues.

Many examples are daily witnessed, as from slight blows on the face, sting of insects, serpents, etc.

Hence, vaso-motor paralysis and congestion are correlated and follow each other as cause and effect—are inseparable.*

Paralysis and Congestion may result from local injury to the nerves supplying the affected part (as seen above); or from impressions reflected to them from the nerve-centres; or from both acting together, the local weakness inviting and localizing the systemic affection. Thus one, whose system is poisoned with malaria to general weakness, is liable, by undue exertion or jolting, to injure the liver or spleen and superinduce their congestion; or, by imprudent diet, to congestion of the stomach and bowels; or, from sudden change of atmosphere, coughing, or inhaling a poisoned air, to congestion of the lungs. In all such cases the poison might have remained partially dormant till thrown off, had not local excitement exhausted these organs to such an extent as to invite its explosion upon them; while, on the other hand, the exertion might have been borne without injury, had the great centres of nerve force been in their normal state.

The Beginning of Pneumonia, as agreed by all writers, as now remembered, is congestion of the lungs, which they denominate "the first stage," save Prof. Stokes, of Dublin, who applies that term to the preceding *malaise*. This may involve one or more lobules, or one or both lungs; may be complete or only partial engorgement, or complete in some lobules and partial in others. But, whatever the extent or stage, *it is congestion!* Not an entity, not a thing, *sui generis*, wrapped in inflammation, but simply a congestion of the lungs, just like that of the liver, or other organs, except in locality and result; and, like these, resulting from capillary paralysis of the engorged lobules.

Malarial Poison is the Cause of nearly all the pneumonia, as of the other congestive diseases that prevail in this great valley. It prevails in the same localities and is introduced by the same train of symptoms, common to malarial fever. Nervous agitation, pains in the head and back, prostration, drowsiness and chilliness or chills are common to all of them alike; and those weakened by other malarial diseases during the summer and fall months are most usually the victims of pneumonia, under the

*We are not discussing mechanical obstructions now.

sudden changes of winter. Intermitting, remitting and congestive fevers, and pneumonia, are manifestations of the same poison through different parts of the organism, and intermingle and complicate each other indefinately.

THE GREAT FREQUENCY OF PNEUMONIA is not surprising, when we remember the double circulation of the lungs; keeping them in a constant bellows-like motion and their delicate vessels exposed to all grades and temperatures of atmosphere. The wonder is that these minute vessels are able to retain their tone and perform their functions so long, that the little nerves do not oftener fail and permit the blood to stop its flight and engorge the parts.

In truth, there are more congestions of the lungs than of all the other organs together, and more people, old and young, are destroyed, in this valley, by pneumonia, than by all other diseases.

THE PHYSICAL SIGNS are often obscured by "heavy colds," or by malarial troubles, and its presence not recognized by either the patient or physician, and it recovers, or destroys without being suspected.

PAIN may or may not be present. One or more lobules, (grape bunches) may be engorged, more or less, but having few sensitive nerves and the pleura remaining intact, there may be little or no pain, or interruption to respiration. Thousands of such cases occur during catarrhal affections and recover without treatment. Or, there may be extensive, profound congestion of central lobes, the sensitive fibres being also paralyzed with the vasomotors. But if the pleura be involved, acute pain will be felt, of course. Or, finally, the great nerve-centres may be so impressed, and the system so thoroughly prostrated, as to feel no sense of pain and take no cognizance of the lung congestion.

COUGH AND EXPECTORATION depend much on the same conditions; and will be absent or present and characterized, according to the state of irritability in the parts and the progress of the disease.

THE DIFFERENT STAGES are largely mythical and deluding. Keeping in mind the structure of the organs, we can easily see how the nerves sent to one lobule (grape bunch) may fail and suffer it to engorge and even hepatize, while all the others retain their tone and functions; how one after another may progressively become paralyzed and engorged; and how some may be recover-

ing their tone and clearing up their congested lobules, while others are failing and their lobules beginning to fill; thus presenting all "stages" at the same time.

We can also see, from what has been said above, how a profound congestion of central lobules may exist, and neither auscultation nor percussion, pain or cough, reveal its presence to an unskilled observer; but, misdirected by the jaundiced skin and eyes, or enlarged liver or spleen, gastric distress or other malarial symptoms, he would confidently swear his patient had no pneumonia.

Successful Treatment, is, of course, the objective point in this discussion—a thing desired by all. But after what has been said, as to the cause and nature of the disease, it would seem unnecessary to even suggest, to a physician constantly dealing with the congestive diseases of this valley, what would be a rational treatment for malarial pneumonia. Nor would there be such necessity, were they not generally deceived and deceiving each other, as to what the desease really is and requires, and thus, annually sacrificing thousands of valuable lives. Some of our most noted teachers and authors express themselves as in doubt, whether as many would not recover without treatment, as do with it; and of the treatment they teach, and which is too often followed, such doubt is well founded. The wonder is that nature is able to cure so many, in spite of it.

It is unnecessary to do more than allude to the senseless routine of purgatives, sedatives, expectorants, sudorifics, blisters, etc., usually followed till they kill the patient, unless, perhaps, the vital forces overcome them and the disease, and restore health.

Congestive Chills, as above mentioned, with engorgement of some of the internal organs, are of frequent occurrence at certain seasons and their phenomena and management are familiar to all our physicians; and were it not that congestion of the lungs, (pneumonia) has been disconnected from the others, and considered a thing of itself, an entity, different in causation and nature, no one could for a moment hesitate as to rational measures for its relief. And were any physician to dally along from day to day, with purgatives, sedatives, sudorifices, etc. and neglect external and internal tonics to the nerve system, in other congestions, he would justly be accounted guilty of criminal malpractice and deserving prosecution for manslaughter.

WHAT IS NEEDED when the system is poisoned with malaria, the nerve-centres deranged, vaso-motor energy failing, the vital organs becoming engorged and the patient shivering or burning, or overpowered and stupid? When the whole system is thus prostrated and feebly struggling against diseased action, what is needed? What does congestion mean? What is likely to restore tone to its engorged vessels and enable them to clear away the stagnant and effused blood?

LONG AGO, when we had a severe cold, with cough and pain in the side, our good mothers used to put our feet in warm water, give us hot pepper or ginger tea, wrap us in a warm bed with a hot iron to our feet and hot salt or ashes to the chest; and we would go to sleep, and get up well next morning. And the same sensible management at the beginning, would cure a large majority of lung congestions now, especially if seconded by a free use of quinine.

AT ONCE, when the patient is first seen, the chest should be wrapped in cloths wrung from hot water—a half sheet should be applied, *burning hot*, around the entire chest and repeated, every fifteen minutes, till relief is obtained, *be it hours or days*. A woolen blanket or shawl should be folded and laid in the bed under the patient's chest; little underwear should be retained and that turned out of the way of the applications. The shoulders should be raised and the hot cloth slipped under, above the blanket, and the ends of it and the blanket lapped in front, and all well covered with bedclothes. Cotton or linen cloth should be used for the hot pack; it doesn't drip and wet the bed like woolens. Not little cloths, or *warm* cloths, but *large hot* cloths, hot enough to *burn*. The impression thus made on the surface vessels, will be reflected to those of the lungs and awaken them to activity. The spine should repeatedly bathed with stimulating liniments, and, if there is much depression, the whole surface; thus trying to arouse the vaso-motor system directly through its intimate spinal connection, and, reversely, through its terminal fibres.

INTERNALLY, nerve tonics should be administered. Quinine in large doses is the sheet anchor, for it stimulates all the nerve-centres and equalizes the circulation. Ginger, capsicum and piperine are all valuable capillary stimulants. Nux vomica is

the best spinal stimulant and is invaluable when there is general loss of nerve power. Opium stimulates the cord and through it the vaso-motor system and, at the same time, relieves pain, quiets cough and secures rest.

The diseased state calls for this class of remedies and quickly yields to their use. And a hot foot-bath, hot cloths around the chest, warm ginger tea and full doses of quinine and opium, if promptly and persistently employed, will relieve nineteen out of every twenty cases of pneumonia; as has been abundantly demonstrated, by myself and a number of professional friends in in Southern Illinois. In fact, I have relieved many cases of extensive congestion (catarrhal pneumonia) in children, with the hot pack alone, without a grain of medicine.

But the prompt and heroic use of quinine cannot be overestimated; for, besides arousing the failing nerves and restoring capillary activity, it neutralizes the malarial poisons causing the mischief. Nor should the treatment, external or internal, relax for a moment, till the paralysis yields and the lungs clear up. No difference for the "stage." Every stage is a congestion, with more or less effusion, that can never heal till capillary action is restored, which is the object of treatment.

But, says some one, suppose the first stage is passed and the lung "hepatized" before I see it? Well, what of that; is it not still congested, and will it not remain so, till you arouse the vessels to absorption? But suppose there is fever, hard, bounding pulse and vascular fulness? The pneumonia we are considering is not of that type; but the heart may be quieted with aconite or veratrum viride, while using quinine freely. Fever, activity, is nature's effort, which you should second and not crush; there can be no capillary activity and absorption without it. It is life to the patient.

Blisters may be demanded after other excitants lose their effect; but they should only be used to excite the terminal nerves, and, hence, *should be very light.* A deep blister overpowers the nerves and does great mischief.

But suppose the congestion runs into inflammation of the lungs or pleura? This is liable to occur, when the disease is not promptly arrested and should be treated just as if it were inflammation of any other internal organ. This is the time for blisters to do good service, and, if general tone has been restored sufficiently, the heart's action may now be checked, if too violent;

or, if the blood be badly poisoned, remedies may be added to stimulate the eliminating organs. Nourishing diet, pure air and quietude are to be insisted on in protracted cases. But there need seldom be such cases, if the congestion is promptly treated —treated, like putting out a fire, without wasting a moment or relaxing. Usually, the disease is under control within twenty-four hours, and in double that time the patient is convalescent.

Only try it, and you will find pneumonia one of the most curable diseases, and reap a rich reward of gratitude and gratification, from relieving suffering and saving valuable lives.

Several years ago I stated before the Southern Illinois Medical Association, that I never expected to lose a case of pneumonia, could I see it within forty-eight hours after the chill. Many of the gentlemen present, like my distinguished friend, Dr. Dyer, of Duquoin, thought the statement unreasonable and reckless; but experience has since satisfied several of them, that such expectation is well founded in both reason and results, when the line of treatment above indicated is followed.

May the day soon come when all others will go and do likewise.

Article LXVII.

Remarks on some of the papers read before the Tri-State Medical Society, 1883. By Wm. A. Byrd, M. D. Quincy, Ill. Professor of Abdominal Surgery, College for Medical Practitioners.

NERVE STRETCHING.

Dr. Byrd advocated nerve stretching and instanced a case that he had operated upon a few years ago, and published a report of, in the New York Medical Record. There was sciatica of several months duration that had resisted various methods of treatment. After stretching the sciatic nerve there was paralysis for two or three weeks, from which the patient recovered and has remained well ever since. He thought the cases benefited were those where there was a thickening or undue congestion of the theca where it passes through the bony foramina as it emerges from the spinal canal. He recommended that the incision should be made over the nerve where it emerges from the sciatic notch instead of near the popliteal space, as recommended by Dr. Wright, for the reason that at that point it is only covered by skin and fascia, and the wound is more likely to heal by first intention, as in his own case. He has not seen another case requiring nerve stretching but will practice it when he thinks it necessary.

FRACTURE OF OS FRONTIS OF EIGHTEEN YEARS STANDING, OPERATION.

Dr. Byrd thought it a remarkable coincidence that on Thursday of the previous week he had operated upon a patient, Mrs. John C. Burdette, of Colchester Illinois, for an injury received eighteen years previously. She had been kicked upon the right frontal eminence by a horse, causing a depressed fracture of the skull. The depression was left untouched. Five years ago she became insane; for the last fourteen months she has been in an asylum. She is thirty-one years old. He removed with the trephine, and pliers, a circle of bone an inch and a half in diameter. The bone had thickened until it was about half an

inch in thickness. Before the operation she was violent and very obscene in her language. Since she has been very quiet and has used obscene language but once. He though the case unique and would report upon it more extensively at another time when there would be a more definite conclusion to be drawn. He thought the osteoscopic pains, being nocturnal, and the location of the necrosis in Dr. Haymond's case pointed to a specific cause.

THE ANTIPYRETIC TREATMENT OF TYPHOID FEVER.

Dr. Byrd asked if there had been the rose colored spots or sudamina noticed in these fever cases? Being answered in the negative, he doubted their being genuine typhoid and objected to the enormous doses of quinine, stating that if the patient had intestinal irritation with a dry cracked tongue, and forty and fifty grain doses of quinine were given that the patients would almost certainly die. The cold bath in genuine typhoid was indicated to bring down the temperature, but the weakened condition of the patient rendered it very dangerous to move him back and forth from bed to bath; but the temperature of the patient could be reduced just as effectively, by applying ice along the neck over where the carotid arteries carry one fifth of the blood to the brain and the jugular veins return it. He had been deeply impressed by reading the good report of Dr. Commegys of the results of the cold bath in the pyrexia of cholera infantum and had but a few days to wait an opportunity to put the practice to proof. He was called at 2 A. M. to see a little child, in spasms; it was very hot weather, in August, and the child was very hot. He turned to the mother and told her to bring in her largest wash tub half full of water direct from the cistern. By the time she returned with the water, the Dr. had the child undressed and laid it in the water. The mother rushed upon him exclaiming "Oh! my God! Dr. you are going to kill my Augusta". The Dr. calmed her fears left the child in the water until the temperature fell to 100° removed it and wrapped it lightly in a blanket. The child was out of spasm, resting and sleeping sweetly, so he gave it nothing. After breakfast he called to see the patient and found her sitting at a table with a piece of bread in one hand and a cup of coffee in the other, needing no further attention. When children are in spasm and unconscious, with very high fever, plunge them into warm water and then gradu-

ally cool it by adding cold water. Thus the heat will be abstracted and shock prevented.

THE LIGATURE IN RECTAL SURGERY.

Dr. Byrd said that he agreed in the main with Dr. Matthews in condemming the ligature in the treatment of fistula in ano and he certainly agreed fully with him in regard to dilatation of the rectum and the ligature in the treatment of hæmorrhoids. Dilatation was an advantage in addition to the ligature, that he learned accidentally in 1868 and since then he has made use of it whenever it was necessary to fully explore the lower bowel. He published an account of the method several years ago, in the New York Medical Gazette and in the Medical Press and Circular. He thought that dilatation and then dividing the tissues with the actual cautery, either Paquelin's or the electro-cautery, was much superior to the knife as advised by Dr. Matthews and many other eminent surgeons. The formation of the eschar and its subsequent separation does away with the necessity of frequent dressings, and almost ensures the healing of the fistulous tract from the bottom. It also destroys what is known as the pyogenetic membrane, gets rid of the necessity for other stimulating applications, and the freedom from hæmorrhage in many broken down subjects should be a matter for the surgeon to consider.

At the close of the Wednesday evening session, Dr. Byrd exhibited a J. C. Hutchinson's anæsthetic inhaler and stated that he wished to call the attention of the members of the society to it as a safe and economical instrument to use when giving anæsthetics. The use of it also obviates, to a great extent, the unpleasant odor of the anæsthetic in the room where it is used. He also said that he would like them to try an anæsthetic mixture that he had used in seventy-eight operations, among them ovariotomy, amputations, trephining and many other capital operations, with great satisfaction to himself and patients. Since killing a patient, several years ago, with chloroform he did not like it as an anæsthetic; ether was disagreeable to a great many people and was dangerous to use at night; and bromide of ethyl caused such deep congestion and raving delirium and had been attended with such a sad result in the hands of Dr. J. Marion

Sims that he was afraid of it. The very fact of bromide of ethyl causing such deep redness of the face and chloroform causing such a pallor decided him to combine them; this he did, first using equal parts but he found that mixture contained too much bromide of ethyl. At length he found that, by measure,

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Ethyl Bromide.....1. part.
Chloroform.....3. parts.
Alcohol.....4. parts.

are the proper proportions. He lets the patient breathe for a minute or so through the inhaler, with none of the mixture in it, to accustom him to the instrument; then he pours a drachm of the fluid upon the sponge in the inhaler and allows him to breathe through it with the stopper out, after which he replaces the stopper and lets the patient inhale full strength. Generally in five minutes he is fully anæsthetized, when the stopper may be taken out to permit a greater admixture of air and replaced as the judgement of the administrator may dictate. In the seventy-eight operations, but two of the patients vomited and one of them had eaten a hearty meal but half an hour before the administration of the anæsthetic, and the other was a patient very subject to hysterical vomiting. There were dangerous symptoms in but one case and those were caused by the administrator neglecting his business to watch the operation; elevating the feet soon corrected all trouble. If an operation is done under its effects at the physician's office, the patient will be apt to be able to leave the room without assistance in from five to fifteen minutes. He has used it with a simple napkin. The seventy-eight operations required less than three pounds of the mixture, though some of the patients were under its influence for over an hour. A drachm is generally enough for a short operation. He advises that the patient be allowed to get fully under the influence of the anæsthetic before commencing an operation, so as to obviate, as much as possible, any shock that would occur from the patient's consciousness of what was going on. It, like every other anæsthetic, should not be touched by a careless, ignorant or rash administrator.

TAIT'S MODIFICATION OF BATTEY'S OPERATION.

Dr. Byrd reported a case of "Taits modification of Battey's operation" where he had removed both ovaries and fallopian

tubes from a lady aged fifty-four, who had been bed-ridden for nearly two years with pain in the iliac regions. There was extreme congestion or inflammation of both tubes, but both ovaries were shriveled, as they should have been in a woman of that age. The result was perfect relief from the iliac pains, but the patient was still suffering from indigestion and other ills incident to the opium habit. When he first saw the patient he discovered that she had a double vagina; the unused one being on the left side, closed below and open above. The neck of the uterus was in that vagina, which, with the fact that both vaginæ were unusually long, led several excellent physicians to conclude she had no uterus. The septum between the vaginæ was removed at the first interview, as he did not know but that the secretions being caught in it as a pocket, might cause the trouble that she complained of through reflex action, very much as reflex troubles are caused in small boys who are subjects of phymosis by the retention of the smegma".

Artice LXVIII.

Nasa-Pharyngeal and Aural Catarrh. By P. W. Logan, M. D., of Knoxville, Tenn.

[concluded.]

In aural catarrh we sometimes have patency of the Eustachian tube, which, according to Rumbold, is due to the lower portion of the slip-shaped tube being wedged open with mucus; in which event it is necessary to dislodge it with the air douche, either by Politzer's or Gruber's method. This plug of mucus holds open the upper portion of the tube, which permits too much air and sound to enter the middle ear. The unusual sound in the ear is a very annoying symptom, at the same time deafening is also present.

By aural catarrh we mean an extension of inflammation to the Eustachian tube, middle ear and mastoid cells. This trouble is due to a previously existing nasal or naso-pharyngeal catarrh and in order to relieve the ear trouble, we must treat the nasal

or naso-pharyngeal catarrh. At the same time, should the trouble be of an acute character and attended with great pain, we would apply leeches in front of and below the meatus auditorius, douche the ear frequently with warm water, if necessary resort to counter-irritation over the mastoid process, and should the nature of the case require it, perform paracentesis of the membrana tympani. Dr. Rumbold speaks highly of a four grain solution of atropine dropped into the ear several times during the day, for the relief of the excessive pain which is present in acute aural catarrh. For a child he drops two to three drops into the ear; adults, five to six drops. But in the treatment of catarrhal troubles of the ear, we would rely mainly upon treatment of the naso-pharyngeal cavities, with Rumbold's sprays and in accordance with his method.

In connection with the above course, the internal administration of quinine and aconite is highly beneficial. Trölsch (Roosa's translation) refers, in his nineteenth lecture, to chronic naso-pharyngeal catarrh, as a symptom of aural catarrh. The reverse of this is true. Aural is a symptom and result of chronic naso-pharyngeal catarrh. The mucous membrane of the Eustachian tube and middle ear in catarrhal conditions of the ear, is swollen, thickened and congested. The thickening of the mucous membrane, adhesions and connective tissue resulting from inflammatory action, interferes with the articulations of the ossicula auditus, thereby disturbing the normal vibratory powers of the membrana tympani. These unfavorable results having been established, we need not expect much from treatment, except to relieve the catarrhal mucous membrane. While audition may, to a certain degree, be maintained, it is not usually improved after the establishment of the above referred to pathological changes. Dr. Rumbold says, in response to a letter of inquiry written him not long since, "that almost every catarrhal patient has been afflicted, in a more or less degree, since childhood and that the complaint originated from neglected colds, that is, allowing each cold to pass off of itself; in this way the bloodvessels were increased in size and maintained in this condition by the continuance of the cold." Therefore in the case of adults, catarrhal mucous membrane is chronic in its character, except now and then we have an acute attack upon a chronic one.

A chronic disease requires chronic treatment, therefore a chronic catarrhal inflammation cannot be cured in a short time.

To use Dr. Rumbold's language, the patient must be made to *grow well* by submitting himself to proper treatment each fall and spring, until a cure or recovery is effected. Dr. Rumbold thinks that patients over forty years of age rarely get well, but by observing the proper hygienic measures and taking some treatment each fall and spring during life, can be made to recover and to maintain comparative freedom from annoying and painful catarrhal symptoms. Some may think that this is a melancholy verdict; but can they do any better? He says in a letter to me, "the reason for the incurability of most patients over forty years of age, is that the pathological changes made by the innumerable colds, are too great for the reparative powers of nature to change it back to its normal condition. The proliferation of the mucous membrane is a slow and almost permanent growth; with this, there is an excessive enlargement of the bloodvessels, glands, etc. This enlargement of these important organs must be reduced to its normal condition before the mucous membrane can be said to have resumed its normal condition."

In this letter of inquiry to Dr. R., I asked him whether it would be proper to continue treatment during the summer months. He replied as follows: "I treat them at any time they come, as the sooner the case is treated, the more likelihood of a cure; but in case of a patient who had been treated until his prominent symptoms had disappeared, I would cease treatment during the summer, having him return each fall and spring for a few treatments, as at those times they are more likely to take cold." Dr. Rumbold, if my memory serves me, considers patients from fifteen to thirty-five ordinarily curable in from three to five years, only treating them, after their first course of treatment, fall and spring until they have grown well.

A favorite prescription with him for cleaning is the following:

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Boracic Acid	gr. xx.
Glycerine	℥ij.
Aqua Fervens	℥ij.

M. Mix.

But the usual prescription used by him, except in asthmatic cases, is

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Pinus Canadensis	gr. xv.
Price's Glycerine	℥ss.
Acid Carbolic	gr. ½. ss.
Oil Eucalyptus	gtt. v.
Aqua Fervens	℥iss.

M. Mix.

Of this, he uses one to six drops mixed with one-half to one dram of vaseline, which is thoroughly warmed and sprayed into the nose and throat, with a sufficient number of spray-producers to meet the indications in the case. If the patient is an asthmatic or sneezer, he uses vaseline with a very minute quantity of eucalyptol, warmed and sprayed very gently upon the affected surfaces.

An average case will require treatment every day for about five days, then every other day for several weeks, then twice a week for a few weeks, then once a week until the prominent symptoms have disappeared. We should be careful in the use of astringents, or we will thereby interfere with the normal function of the mucous membrane. They should not be used in dry catarrh, vaseline and eucalyptol being sufficient. We wish to re-establish nature and not thwart her efforts in the right direction.

A patient, while under treatment for catarrhal trouble, should clothe himself in such a manner as to maintain a comfortable condition of the body; he should avoid unnecessary exposure, night air, draughts of air striking a limited portion of the body, loss of sleep, a vitiated atmosphere, tobacco smoke, or the use of tobacco in any way, as it weakens and congests the mucous membrane. In fact, the patient while under treatment and after treatment, should take the proper care of himself and guard against taking cold. Should he take cold, drive it away as quickly as possible by giving quinine, gr. x. at night and gr. v. in the morning, for several days; at the same time, use hot foot baths and oil the feet with vaseline on going to bed. In this way you can cut short a cold, which, if allowed to wear off slowly, leaves the mucous membrane in a worse condition than before the cold was contracted.

The length of time required for the treatment of an average case of naso-pharyngeal catarrh, is six weeks to three months. Dr. Rumbold, I believe, is the only author upon this subject who enters minutely and satisfactorily into the manner of treating this class of patients—I refer to the interval of time between treatment, length of time required, and resumption of same each fall and spring. I have been a great sufferer from naso-pharyngeal and aural catarrh, have undergone treatment for the same and have paid special attention, for the last ten years, to the literature of this subject; in the meantime have treated quite a number of patients afflicted with catarrhal trouble.

When naso-pharyngeal catarrh is complicated with or accompanied by polypus, fibrous or other growths, or a hypertropied condition of the mucous membrane, I would advise removal of the same by Jarvis' snare, it being, in my own opinion, by far the best and safest instrument known to the profession. I had the pleasureof seeing Jarvis use his transfixion needles and snare, with exquisite dexterity, skill and success, during my visit to New York recently. I also had the pleasure of meeting Drs. Brandies, Bosworth and Pomeroy, whose acknowledged skill and ability, I greatly admired. They rendered me much valuable service in imparting to me information upon the subject of their specialties, for which I feel very grateful and thank them very kindly and heartily.

Article LXIX.

A Partial Extirpation of a Remarkably Large Bronchocele, by Dr. J. H. McIntyre. Reported by Dr. W. W. Watkins, St. Louis, Mo.

On May 10th, 1883, Dr. John H. McIntyre performed quite a hazardous operation upon Mr. C. D. I., removing the left lobe of a remarkably large bronchocele. Throughout the operation the Doctor was very ably assisted by Drs. E. Borck and E. A. Chancellor, also with the feeble assistance of your reporter. The patient was of a rather delicate type, weighing one hundred and twenty-five pounds; a man of gentle raising and of educational ability. The tumor had assumed such proportions as to, at times, impede the cerebral circulation and had become a source of serious discomfort to the patient and of anxiety to his friends. His age is twenty-nine years; the tumor has been forming for nearly eight years, growing slowly outwards and downwards, the disfigurement being fairly well hidden by the collar of his shirt, worn high. Upon inspection, it presented a saddle-bag appearance, a lobe on each side of neck with a pyramid in the center, so peculiarly characteristic of the nature of this class of tumors,

the lobe upon the left side being the largest. The eyes had also assumed some prominence, another noticeable feature.

Patient had received treatment repeatedly for a number of years, with the usual effect of slightly lessening the size of the tumor for the time being, only to resume its former condition upon cessation of treatment. Your reporter has questioned the patient as to history of glandular enlargement of any portion of the body at any time, which question received a negative answer. I also failed, upon examination of the posterior cervical and the glandulæ concatenatæ regions, to find any enlargement or induration of the glands.

Dr. McIntyre had well prepared the patient, physically, for an operation, so he was in most excellent condition. The possible dangers of hæmorrhage and other accidents had been very accurately presented to him.

As an anæsthetic, the methylene bichloride was used, which the patient's system received very unkindly at first, but after the use of quite a large quantity, he passed under its influence fairly well. After the Doctor had divided the skin and subcutaneous tissue, by a long incision, carefully pushing the external jugular vein aside, the operation was further conducted by the tearing process or enucleation. Quite a number of the lesser vessels were torn asunder at the apex and sides of the tumor, and when its base was reached the superior thyroid gave way, close to its origin from the external carotid. The hæmorrhage was quite alarming for an instant, when Dr. Borck seized the torn end of the vessel with his thumb and finger, Dr. McIntyre quickly throwing a loop over it. A number of small vessels bled quite freely, where the tumor was torn from its fellow—the middle body or pyramid. Some ten or twelve vessels in all were ligated. After the hæmorrhage was well under control, the Doctor closed the wound in the usual manner, applying carbolized dressings. The shock and consequences of the hæmorrhage were severe to the patient. After reaction, at no time, was the surgical fever noted for its severity. A number of secondary hæmorrhages followed which retarded recovery. By the middle of July the patient was upon the street. The remaining portion of the tumor (the pyramid and right lobe) gradually declined after the operation; for the reason, undoubtedly, that one of its principal feeders, the superior thyroid artery on the left side, had been ligated. Whether the inferior thyroid was ligated or not, it

was almost impossible to determine, as the mass of tumor had so deformed and distorted the anatomical geography, as to disconcert the most expert anatomist. A number of quite large vessels were taken up, that undoubtedly in healthy structures of this neighborhood, were originally quite small terminal branches of the principal vessels of the neck, which being feeders of the tumor, had become abnormally enlarged.

Upon examining the patient, over three months after the operation, I find a number of very gratifying results: 1st, the remaining portion of the tumor has decreased nearly one-third, but now appears to be stationary; 2nd, cerebral symptoms have nearly entirely disappeared and his night rests are now a matter of enjoyment; 3rd, it was feared that the carotid had been injured, but the entire absence of temporary hemiplegia and the location and pulsation of those vessels, upon examination, prove them to be intact; 4th, the patient's mental anxiety is removed and his hopes of a life of comfort are very satisfactory.

Now the object of this brief report is to call the attention of the profession to the advantages of ligation as a means of treatment of tumors of this nature. The difficulties of ligation of the inferior thyroid are very apparent, yet it is one of the most important. The superior thyroid can generally be reached.

Although this treatment cannot be considered as radical, yet it is palliative; the abundant anastomosis of vessels through the gland, precludes the idea of radical cure by ligation; but, as has been proved in the case cited above, the relief afforded has been such as to well pay for the troubles and dangers passed through. Holmes, Coote and other English surgeons consider the extirpation of this gland, or a portion of it, as extremely hazardous; while many of our American authorities consider it a justifiable operation. I neglected to state that the portion of the tumor removed, was about four and a half inches in its long diameter, by about two inches in its short diameter.

521 Walnut St.

Article. LXX.

Is Sulphate of Cinchonidia Oxytocic? By W. O. Henry, of Pawnee City, Neb.

At first, this may seem to be a question of little or no importance; and yet, when we consider that it is being answered *pro* and *con* in our medical journals, and that women advanced in pregnancy may become affected with malaria in one of its many forms, and thus call for this specific, it may not appear so trivial. A woman, from three to six months pregnant, becoming malarial in a mild or more severe type, is quite liable to suffer from symptoms of abortion, and we are then brought face to face with the question heading this article. Now, what shall be done?

Just here let me cite a case or two. I was called to see Mrs. H., six months "gone," who for several days had suffered from intermittent fever and was threatened with abortion. I confined her to bed, gave a good cathartic, and full doses of cinchonidia every three hours. The treatment was most happy in its result, for the chills were checked forthwith and labor went on to full term, when I delivered my patient of a healthy boy.

A second case was that of Mrs. B., five months pregnant, whom I saw after she had been confined to the recumbent posture, from malaria and threatened abortion for, two or three days. I here prescribed rest, a good cathartic and cinchonidia freely, with a favorable result.

On the other hand, I was called to attend Mrs. C., in confinement, which, when I arrived, was progressing favorably though slowly. After waiting due time, the pains being feeble and of short duration, I gave five or six grains of cinchonidia; in about twenty minutes, the pains came on with vigor and of sufficient duration, so that, ere long, my patient was nicely delivered, and subsequently did well.

From these and other considerations, I conclude as follows:

1st. Cases of threatened abortion, of malarial origin, are controlled by cinchonidia, by reason of its specific powers.

2nd. When labor has begun, cinchonidia will increase the strength and duration of the pains, in consequence of its general tonic properties.

3rd. Cinchonidia will not, in any case, in ordinary doses, originate uterine contractions.

4th. If the above conclusions be true, as I believe them to be, cinchonidia is not, properly speaking, an oxytocic.

Translations.

Article LXXI.

Intertropical Pathology.—The Parasitic Theory of Yellow Fever. By Dr. J. B. de Lacerda, Assistant Director of the Laboratory of Experimental Physiology of the National Museum, Rio de Janiero. Translated from the Portuguese, of the *Uniao Medica*, of July, 1883, by Joseph Workman M. D., Toronto, Canada.

Translated for the Journal.

An attentive reading of this recent work of Dr. Corre, a physician in the French navy, on "The Yellow and Typhus Fevers of Warm Countries," has induced us to write the present article.

Dr. Corre declares himself an opponent of the parasitic theory as applied to yellow fever; and making a hasty examination of the facts that have been hitherto adduced in support of the animate infection of this disease, he utterly refuses to admit their value. The assertions of Dr. Domingos Freire, of Rio de Janiero, Drs. Carmona and Valle, of Mexico, Dr. Decores and Dr. Monard, etc., appear to him contradictory and destitute of foundation. Finally, as the most convincing argument in overthrowing the opinion of an animate cause, he appeals to the negative results of the examinations of M. Pasteur, who says that he found nothing new in the liquids brought by Dr. Talmy from Senegal.

As, however, an effect without a cause cannot be admitted, and yellow fever constitutes a type perfectly characterized and distinct from every other, Dr. Corre, regarding it as a *specific disease*, proceeds to seek for its cause in a *chemical agent!* In the opinion of this illustrious French physician, this hypothesis is more consistent with reason and the facts observed in great epidemics, than the theory of an animate infection.

We shall now proceed to discuss this opinion, hoping to show that the preponderance of reason is rather on the side of those who advocate parasitism, than with those who, as Dr. Corre,

appeal to a chemical agent as the causal element of yellow fever

We shall not delay the reader with any consideration of the value of the contradictory allegations, referred to by Dr. Corre, of various physicians who have found the infectious agents of yellow fever in the fluids of dead bodies.

We are well aware that the general question is still obscure and disputed, and that full and convincing proof has not yet been presented. There is in this no cause for discouragement, for no one denies that demonstration, in this sort of investigations, is very difficult, especially as such researches are of but recent date. If Pasteur, the initiator and the most authoritative representative of the school of parasitism in diseases, required twelve years for the accumulation of facts, and repetition and variation of observations, in order to meet the objections offered against the bacterial cause of carbuncle, it is not to be wondered that some of his disciples, from a small number of observations, have not yet attained to any strong conviction as to the true nature of the producing agent of yellow fever. In this question it is necessary to repress the impatience of those who demand a short solution of the problem and to wait until, little by little, light is thrown on it, from repeated experiments and observations. The negative results of the examinations of M. Pasteur, on the fluids brought from Senegal, can afford no opposite argument. The fluids may have become altered and decomposed; on the other hand, and no one knows this better than Pasteur, a limited number of observations is very often insufficient to enable us to reach any certain conclusion.

We see, then, that though it is true that, as Dr. Corre thinks, there as yet are no convincing experimental proofs that yellow fever is produced by an animate infection, yet it is true that proofs to the contrary of this hypothesis do not exist.

Our discussion, therefore, is not directed to the determining of the greater or less value of the proofs, favorable or not so, since none have been adduced. That which we merely pretend to discuss, is whether the hypothesis of a chemical agent, imagined, and with great warmth defended by Dr. Corre, is more acceptable than the hypothesis of an animate cause, to which some observers now incline.

Why should we suppose that yellow fever is the result of a chemical agent; and what are the facts that speak in favor of this hypothesis? Dr. Corre begins by mixing up in this discus-

sion, some notions previously acquired on the causation of certain morbid states, and he seeks to draw from this confusion, which is altogether arbitrary, arguments in support of his hypothesis. Thus he says "If we observe the fact, that between typhus, septicæmia, poisoning from putrid matter and snakebites, there are evident affinities, we are led to admit a certain parental relation between the principals that determine them." What, however, these affinities may be, Dr. Corre does not tell us.

It is certain that the greater number of the diseases denominated zymotic, present, as regards their nature and the basis of the morbid process, certain analogies, known to everybody; but from these analogies to conclude on an identity of nature in the producing causes, is simply to disregard scientific logic. Who does not know the capital differences which separate the process of septicæmia from that of typhus? Are the analogies existing between these two morbid states greater in number than the differences? It is quite sufficient that we watch the particular evolution of the various morbid processes above mentioned, the mesological conditions that favor their development, the different lesions produced in the organism attacked, the facility of contagious transmission of the one and the intransmissibility of the other, to warrant our refusal to admit an identity in the causal nuture of them all, notwithstanding the apparent analogies. Evidently the cause that produces typhus, cannot be identical with that which produces septicæmia; both observation and experience have already decided this matter.

Dr. Corre sets out with an hypothesis which no pathologist will be able to accept, since it is in complete opposition to facts. Bnt, let us pass on.

On the same page, the illustrious French naval physician speaks as follows: "Why are we to attribute *a priori*, in a given case, to the action of a parasite, phenomena identical with those seen in another case, which we know to be produced by a chemical cause?

"If in yellow fever and in the poisoning produced by snakebites, we meet with the same general symptoms, ataxo-adynamic manifestations, tendency to hæmorrhages, icterus, why must we admit, in relation to the former, the intervention of a principle analogous to that which is admitted in relation to the latter?"

To this question we answer, as a little before, because from similarity in symptoms, it is not logical to conclude analogy in

causes, when, at the same time, the morbid processes that take place are different. It is the entire morbid process, comprising all the constituent and appreciable elements of the disease, that must serve as our guide in admitting the possibility of causal analogy. Now, who will confound the process of snake-poisoning with that of yellow typhus? In the first the symptomatic manifestations vary considerably and they have not a typical regular progression, like that observed in persons attacked with yellow fever. The lesions are not altogether similar in the two pathological states. The alterations in the liver, so characteristic of yellow fever, are not frequent in cases produced by the poison of snakebites. In the process of the yellow typhus there are well-marked periods, which prove that the disease has an evolution more or less certain; nothing of this is seen in cases of snake-poisoning. To find, in these two states, analogies in effects, to serve as a basis for the conclusion of analogy in the causes, would simply be to allow ourselves to be led astray by appearances.

None of these arguments, then, affords foundation for the hypothesis of a chemical agent as the cause of yellow fever; and we would be forced into a generalization, necessarily false and erroneous, if we permitted ourselves, as Dr. Corre does, to attribute all infectious diseases to chemical agents susceptible of mutual interchange. According to such an hypothesis, yellow fever would be produced by the same agent as typhus processes in general, their intimate molecular composition being scarcely modified. It is easy to see how vague, arbitrary and imaginary this etiological conception is, running as it does in complete antagonism with all the precepts established and admitted by modern pathologists.

Dr. Corre proceeds: "The yellow fever infection of chemical nature is formed by the contribution of organic matter only; but more particularly, if not exclusively, by that of animal matter, whatever be its origin." Now the the chemical products resulting from the transformations of animal substances are not yet all known, it is true; but as much as is to-day known, suffices to overthrow the hypothesis of Dr. Corre.

In the first place, one of the most notable characters of organized molecules, is their chemical instability. Subject to the influence of external *media*, they always tend to transformation, decomposition and structural ruin, forming varions unstable combinations, through which they are finally resolved into the

primary elements, carbon, hydrogen, oxygen and nitrogen. Certainly no one would think of attributing to any of these elements, isolate, or to all of them combined, the power of producing a disease. (Translator?) It would therefore be necessary, in accepting the hypothesis of a chemical agent, to admit that organized matter, in one of its phases of decomposition, may acquire special properties and thus develop in a great number of individuals, a disease so well characterized as that of yellow fever.

But this hypothesis is repugnant to both reason and facts: to reason, because we cannot comprehend how organic matter *only on certain occasions*, that is, in epidemic times, would be capable of acquiring such specific properties; to facts, because this hypothesis is irreconcilable with the absence of the disease in localities, in which organic matters in decomposition, under the influence of identical meteorological conditions, are abundant.

Why, in Hindostan, where the population is extremely dense, the soil impregnated with organic matters and the temperature reaching 36° C. (97°.8 F.) and above this figure, where the atmosphere is almost always saturated with moisture and decomposed organic substances, does the chemical agent not develop yellow fever? Why, before 1850, the date of the appearance of the first great epidemic of yellow fever in Rio de Janiero, had not the heat, the moisture and the organic matters, which were then more abundant than they now are, given birth to the yellow typhus? To reflect but a little on those facts, must enable us to see that the hypothesis of a chemical agent is totally unsustainable.

On the other hand, how is such an hypothesis to be reconciled with the fact of importation? In 1850, a ship sailed from Bahia, to which city yellow fever had been brought from New Orleans; this vessel carried with her to Rio de Janiero, the agent that produced the first great epidemic. Now, is it comprehensible, is it admissible, that a chemical agent of animal origin, *without stability*, *without the faculty of reproduction*, could have fixed itself in the hull or the cargo of a ship for long days, without becoming altered, and that afterwards, when launched into the atmosphere of a great city, it should be seen to provoke an extensive and lasting epidemic, such as that of 1850; an epidemic, which gradually radiated from the points nearest the shore into the interior of the city, gaining in extension as it gained in intensity?

No, this is neither comprehensible nor admissible. Dead matter is incapable of producing such prodigies; and the theory

of catalysis, to which Dr. Corre has recourse, is now too antiquated a notion to be applied to this case. In short, a chemical agent as the cause of yellow fever, is an hypothesis which cannot be reconciled with either reason or facts; and an hypothesis that is not reconcilable with both these, cannot fail to be false or erroneous.

[TO BE CONTINUED.]

ARTICLE LXXII.

EXCERPTS FROM LATE FRENCH JOURNALS. By S. POLLAK, M. D., of St. Louis.

Reported for the JOURNAL.

STAMMERING, ITS RELATION TO POVERTY, AND ITS TREATMENT. By DR. BARKHAN of Brunswick, Germany.—He obtained from the teachers in the public schools a list of all the stammerers, and then he examined them singly; there were 86 cases, belonging unexceptionally to the lower classes, laborers and mechanics. All these attended the lower grade schools. There were 72 boys, and 14 girls. Most of them were poorly fed and clad, only 4 presenting a better physical appearance. In 24 cases, there was an abnormal relation between the form of the head and the dimensions of the chest. The smallest head was 48 ctm. the largest 57 ctm. in circumference. The smallest chest measured 51 ctm. the largest 75 ctm. Normally, the circumference of the chest exceeds that of the head 8—11 Ctm. rarely 6—8 and 11—13. In the formation of the palate there were various anomalies; the great depth, and its conjugation with the form of the maxillary, and position of the teeth. He does not regard these as the cause of stammering, but only as an arrest of development which is often found with Idiots and Deaf-mutes, which is only a proof of their close relations. There was no evidence of heredity in any of these cases.

He proposes a plan for their education, which will require six months, 3 hours weekly.

The 37 worst cases—boys—will require three teachers, who

must treat them with the utmost kindness and consideration. A physician should be in constant attendance with the teachers.

A. INSTRUCTION FOR STUTTERERS.

The first and second months comprise exercises in breathing.

1. 15 minutes. Inspiration, and retention of breath, at the same time placing the right hand under the left false ribs, for 3 seconds, gradually rising to 20 seconds; repeat this 3 times and then rest 1 minute. Expiration 3 seconds, increase to 10 seconds, repeat 3 times, then rest 1 minute. Then keep time in inspiration and expiration; pause more or less. This must be done with absolute regularity for several minutes. Beat time like in music, accelerate or retard the breathing, pause, repeat and proceed.

2. 15 minutes, singing.

3. 15 minutes, marching and calisthenics, especially of the arms.

The third and fourth months comprise exercises of the voice.

1. 15 minutes. Repeat breathing exercises—pause 15 minutes.

2. 15 minutes. Deep inspiration, and at expiration give utterance to the vowels a, e, i, o, u, ä, ö, ü, first deep, then middle, then high, first 5 seconds, then rising to 20 seconds.

Later sing scales, hold the note long, gradually expand and then diminish.

3. 15 minutes, marching, calisthenics of the arms.

Fifth and sixth months. Reading and speaking exercises.

1. 15 minutes, breathing and vocal exercises.

2. 15 minutes, exercises in joining vowels to consonants; first the vowels before the consonants and then after the consonants; always to be preceeded by a deep inspiration. Then beating time to slow speaking. Deep inspiration before every sentence.

3. 15 minutes, beating time to slow reading; inspiration as before.

B. Instruction for Stammlers or Stammerers.

The teacher must accurately describe the position and motions of the organ of speech, which are required for the proper articulation of the faultily pronounced letter or syllable and practice it, until it is corrected; repeat it singly, or in combination with other letters or words; also the shape of the mouth at the vowels, the position of the lips at the consonants, the position of lower lip and upper teeth at s, c, z, etc.

The tongue must never protrude between the teeth in speaking.—(*Arch d. Psychol.*)

THE FIRST RESECTION OF THE LUNG IN ITALY.—This operation has been performed the 6th of July, 1883, by Prof. Ruzzi, on a woman aged 30 years, suffering from phthisis of the right lobe of the lung with a large central cavity. The entire lobe was extirpated through an opening made in the anterior-superior wall of the thorax; the second and third ribs being excised to the extent of 7 centimetres. The pleura was opened and detached, without noticing the least trouble of circulation or respiration. The operation lasted one hour and a half. Six hours later, pulse, temperature and respiration were normal. (Another surgical *tour de force*).—(*Pazetta delle cliniche.*)

ARTICLE LXXIII.

THERAPEUTICS OF SKIN DISEASES. By PROF. HENRY AUSPITZ, of Vienna. Concerning the Application of Remedies to the Skin in Thin Adhering Layers. From the *Wiener Medizinische Wochenschrift*. By DR. JULIUS BARON, Berlin.

Translated for the JOURNAL.

[CONCLUDED.]

I use namely: *Traumaticin (a solution of one part of refined gutta-percha in ten parts of chloroform), as a vehicle for chrysarobin. This remains in place without bandaging and adheres to the skin two or three days and even longer, without alteration. The gelatin layer however,

1. By the friction of the clothes or of the limbs, peels off in a few hours and must be reapplied.

2. Traumaticin forms a much thinner and more delicate covering than collodion or gelatin and for this reason causes neither tension nor pain.

3. Traumaticin is of itself a neutral covering and protective remedy. Ten per cent. solutions, even when applied to large surfaces on children or on adults, have never caused irritation.

*Liquor guttæ perchæ.

4. Traumaticin causes much more uniform pressure than glycerin, as the smooth and elastic gutta-percha, by its nature, applies itself better to the skin, while gelatin must either be mixed or painted over with glycerin to do this.

5. The manipulation with traumaticin is much easier than with gelatin. The solution can be prepared on short notice and immediately applied to the whole surface of the body. As chloroform evaporates slowly, comparatively, and as gutta percha only gradually hardens, the painting over with a stiff brush can be combined with a rubbing in of the solution, so to speak, which has the advantage, that the still adhering scales are macerated, rubbed off, and in this way the chrysarobin is applied directly to the bare and bleeding psoriatic patches.

Gelatin, however, must always be heated before application and we must always wait until the brush, dipped into the hot mass, has cooled a little. It thus very frequently happens that the gelatin mixture already hardens on the brush. Just this rapid hardening is a very serious disadvantage to its use and renders manipulation more difficult. The repeated dipping of the brush into the hot mixture, and the waiting until the mass has cooled sufficiently for application, is very fatigueing when large surfaces are to be painted. The whole process must therefore be regarded as inconvenient and unsuitable.

6. Traumaticin does not decompose; gelatin, even when salicylic acid has been added, very soon becomes mouldy.

7. Traumaticin is much cheaper than all other vehicles, for the reason that the apothecary has not so much trouble in preparing it.

The method of treatment of psoriasis, with the chrysarobin traumaticin solution, is briefly the following:

After the greater part of the scales have been removed by a soap bath, a ten per cent. solution is applied with a stiff bristle paint brush, to all the existing patches. When the eruption is limited to a few and small patches, the solution is applied daily; when large surfaces are involved, every second or third day. A previous soap bath, when the reproduction of scales is very great, or simply a local wash with soap, when the scales are scanty, is advisable. Many patches, after one or two applications, already appear a great deal flatter and are covered mostly around the borders only, with scales. After two, at most twelve applications,

the infiltration and scales disappear and in their place white spots bounded by a red or violet-brown line appear.

In a few cases of limited extent, the psoriatic process was stopped in from three to six days, by daily application, without bathing or washing.

In spite of the frequent application of the remedy to the face, and in psoriasis universalis, to almost the whole external surface of the body, no inflammatory conditions of the healthy tissues, in form of conjunctivitis, diffused redness, painful swelling, acne, furuncles, eczema, or as fever, or disturbances of the whole general organism were observed.

In order to show the good results obtained in psoriasis by this method of treatment, with regard to extent and situation of the disease, as also of the length of time required for the disappearance of the eruption, I will add a few cases from the case-book of Dr. Kohn, which were lately treated at the polyclinic.

A. B., thirty-six years old, servant, Case No. 1716. Has had psoriasis for fourteen years, her brother also. Stat. præs. Oct. 1st, 1882: Psoriasis universalis from head to foot. Oct. 2nd, patient takes a soap bath and every second day, chrysarobin or traumaticin is applied. After every three or four applications, patient ordered to take a bath. After four baths and ten applications, patient discharged as cured.

K. W., an official, thirty-nine years old, Case No. 165, states that he has suffered with psoriasis for several years. Psoriasis on both legs, knees and elbows, On 31st of Jan., 1883, patient ordered soap bath and applications of chrysarobin traumaticin every second day. After two baths and six applications, cured.

J. St., thirty-seven years old, conductor, Case No. 187. Has suffered for years with psoriasis. Stat. præs. Feb. 5th, 1883: Psoriasis guttata on the trunk, both knees and elbows. Bath on 5th of Feb. Chrysarobin traumaticin applied once daily. After six applications, cured.

J. Sp., dressmaker, twenty-one years old, Case No. 251. Has had psoriasis for eight years. Stat. Præs. Psoriatic patches on the trunk, back of the neck, the ears and both the upper and lower extremities. Feb. 14th, a bath and applications of chrysarobin traumaticin every two days. After ten applications and three baths, cured.

A W., school girl eleven years old, Case No. 409. Sick since three months. Stat. præs. March 15th, 1883: Large diffused

psoriatic patches on the back, the chest, upper and lower extremities, also on the knees, elbows, and in the inguinal regions. Began on the 15th of March with a bath. Applications every second day. After two baths and eight applications, cured. The second bath was ordered after the fourth application.

W. G., type-setter, thirty-eight years old, Case No. 461. Sick since three months. Stat. præs. on 21st of March, 1883: On both shins a few small psoriatic spots. After one bath and seven applications, cured.

A. B., school girl, ten years old, Case No. 512. Sick for three weeks. Stat. præs. on the 29th of March, 1883: On the extensor surface of both the lower and upper extremities, especially on the knees and elbows, again on the back and the abdomen and on the buttocks, scattered large and small psoriatic patches. After one bath and ten applications, cured. The last to heal were the patches on the knees and elbows. During the treatment new eruptions appeared, which, however, after penciling with chrysarobin traumaticin, disappeared long before the old patches did.

F. Sch., butcher, thirty-one years old, Case No. 361. Sick for five years. Stat. præs. April 4th, 1883: The whole body almost covered with crusts. Patient takes bath April 4th and chrysarobin traumaticin, applied every second day. After every three or four applications, a bath. After four baths and twelve applications, most of the patches had disappeared. Final result unknown, as patient did not return.

R. W., seventeen years old, servant, Case No. 583. Has been sick for five weeks. Stat. præs. April 6th, 1883: A few small psoriatic patches on the back and the extensor surface of upper extremities. After bath and five applications, (one application every second day) cured.

J. F., eighteen years old, student, Case No. 602. Has been sick for seven weeks. Stat. præs. April 10th, 1883: On the forehead, on the trunk, on the extremities and on the scalp, numerous patches as large as a silver dollar. After one bath and seven daily applications, cured. No conjunctivitis.

E. H., servant, twenty years old, Case No. 788. Has been sick for two months. Stat. præs. May 5th, 1883: On the scalp, the extensor surface of the lower and upper extremities, chiefly on the knees and elbows, small and large patches. After one bath

and six applications, the patches on the extremities disappeared. Final result unknown, as patient went away.

A. G., carpenter, thirty-five years old, Case No. 905. According to statement, for ten years, patches appear in the summer and disappear in the winter. Stat. præs. 23rd of May, 1883: Small and large patches on the whole surface of the body, especially on the knees and elbow. After one bath and four applications, twice a day, cured.

* * * * *

Parasitic diseases, herpes tonsurans, eczema margirotum and prurigo can be treated in the same manner. In prurigo, chrysarobin traumaticin was applied in ten per cent. solutions to adults and in five per cent. solutions to children. Usually the itching was immediately alleviated. In a few cases, after two to six applications the nodules had disappeared. That chrysarobin, however applied, does not prevent the recurrence of the disease, need not be mentioned; and the word *cured* above is only to be understood as meaning that the existing patches had disappeared.

I have also to add that traumaticin is as good an excipient for pyrogallic acid and for salicylic acid as for chrysarobin. In another article I shall report the results obtained with these and other remedies.

Proceedings of Medical Societies.

Article LXXIV.

ST. LOUIS MEDICAL SOCIETY.

Taken by the Journal's Stenographic Reporter.

Saturday, September 21st, 1883.

Dr. Bernays:—I have a couple of minor specimens that possess a little interest on account of their rarity. The first specimen is from a case of spontaneous gangrene of the penis, in an old gentleman about sixty years of age. He was taken with pain in his penis, accompanied by fever and a hardening and discoloration of the glans penis, a part of the glans, which had a tendency to spread backwards. He was treated by a physician, and the treatment palliative. It was impossible to make a diagnosis in the beginning, in regard to the nature of the case. About the tenth or eleventh day, around the orifice of the penis there was a distinct sign of mortification; the substance of the glans penis turned black and looked charred; and at that time, it became apparent to the physician in attendance, that probably an operation would have to be performed. The family sent for me then and, with the assistance of the physician, I amputated the penis. There are three cases on record of spontaneous gangrene of the penis. One is a case of Mr. Partridge, published in the Medico-Chirurgical Discussions, page 277, in which the patient was very feeble previous to the operation, being troubled with an atheromatous process of all of his arteries and he died soon after the operation, or rather soon after the gangrene began, before it had spread further than about an inch or so from the end of the penis. The second case is the case of Mr. Agnew of Philadelphia, in which the gangrene spread back to the pons pendalum and the penis dropped off; a line of demarcation was formed and the urine spouted out between the line of demarcation and the belly. The patient made a good recovery. In that case the gangrene proceeded very slowly backwards. The third

case is that of Mr White, of the Pennsylvania Hospital. This occurred not very long ago. I have forgotten Mr. White's initials, but he is the man who revises Sir Henry Thompson's paper in Holmes system. He is a Philadelphia man. His case got well also after amputation; in this case, there was an embolism of the dorsal artery of the penis and only a small portion of the penis dropped off. The case which I had, and of which I show the specimen, made a good recovery. I amputated the penis in such a way, as to leave the urethra an inch longer than the corpora cavernosa. I expected the urethra would withdraw so much, and it did withdraw the full length of the inch which I dissected out; then by splitting the lower edge of the urethra and sewing the outer section, I succeeded in making a very nice round orifice of the penis. I will pass around the specimen and you can see the line of demarcation.

The second specimen is but a little thing, but it is very interesting, at least so interesting, that Billroth in his work has several engravings of cases similar to this. It is a finger which was torn off by force and the whole tendon has been pulled out. It is the little finger and the accident occurred in this way. The patient a workman, was on a scaffolding near the ceiling of a room and fell, and in falling, his little finger caught between two boards and the weight of his body being thrown upon the little finger, it was torn out by the weight of the body. Strange to say, the patient has suffered no pain at all. I simply dissected out the projecting piece of the third phalange of the little finger and made a fold, trimmed the edge, made a flap and the wound healed by first intention. I put on a tight bandage as far up as the elbow, to compress the empty sheath of the tendon.

Dr. Watkins:—Two years ago, I had a case very similar to that reported by Dr. Bernays, and the only remarkable feature that occurred to me, was the entire absence of inflammation up and down the track of the tendon. In treating the case, I simply made applications of cold water. It occurred to me that it was a very singular thing, that there was so little inflammation following the injury. That is the only case I ever saw.

Dr. Fairbrother:—The case of gangrene is one of interest. It is a wonderful thing, for a certain part to take upon itself that mode of death, without any special cause. We have sloughing away of a mashed finger or of a crushed toe, and interruption of

the circulation by traumatism, but this is one of the wonders of pathology; that we will have such an interruption of the circulation as will result in gangrene, without traumatism, and particularly of this organ which, above all others, maintains its equilibrium and consistency and character to the last. The teeth decay, the eyes weaken and the ears are weakened in their functions, but as a rule this organ maintains its powers, when all the rest falter and fail. It might not be bad if it were otherwise; if this were to decay and the teeth might last. It would be better in a great many cases. As to the matter of operation in gangrene, this is a matter of exceeding interest. I have, especially latterly, allowed a great many mashed fingers to remain for gangrene to show me where to take them off, and it occurs to me that this is a good practice in a great many cases. I think it is a wise practice, for nature will say better than we can, how far the gangrene will creep up this organ, an organ, every inch of which is fraught with the greatest interest to society.

DR. BERNAYS:—I would like to hear from Dr. Gregory on this subject. May be, he knows of some such cases which are not reported.

DR. GREGORY:—It has been my fortune or misfortune to see a number of cases of gangrene, but I don't recall to mind one of this organ; it certainly must be an extraordinary thing for that organ to take on gangrene. The doctor finds but three cases of it on record, and I do not think that, during thirty odd years that I have lived in this city, I have seen such a case; such a case has not come to my knowledge, nor have I read of one. I can not recollect to have read of a single case. The doctor seems to be at a loss to know how this could happen. I don't think that he is at a loss either, and yet he implies by his remarks, that he is at a loss to understand how it happened. I presume it happened just like a gangrene in any other part, precisely. It arises from some change, which we are accustomed to call an atheromatous degeneration of the arteries, the supply arteries, and I presume a similar change takes place in the arteries of the penis, and took place in this particular case. The doctor says the patient was an old man, sixty years old. I must confess that I feel like taking up that part of the subject, because I am verging upon that year myself; I have reached my sixtieth year, and if any change has taken place in my body towards senility, I am

not aware of it. When I was the doctor's age, I thought a man of sixty was old, but now that I have reached that period of life, I can scarcely believe it is so and I am satisfied that my friend, Dr. Hurt, will join me. I fully agree with Dr. Fairbrother's idea of the method of treating this trouble; I feel the propriety of waiting for a line of demarcation. In all cases of chronic gangrene, certainly it is proper to wait for the line of demarcation. There are occasionally cases of acute gangrene where the change is so rapid, that an entire limb is involved in a few hours. A man's leg is crushed to-day and the doctor thinks, after an examination, that he can save it. It is a compound fracture of the leg and the usual methods are adopted for the preservation of limb, for the favoring of the reparation of the limb, and the day after, it begins to show signs of some discoloration; the toes and ankle become cold, the limb is covered with irregular blotches, purplish or reddish purple in appearance, and the doctor realizes that gangrene has begun, and by the morrow, this gangrene has extended to the trunk. Only a few weeks ago, I went to the southern part of the city to see a man, whose limb was crushed at Lemp's Brewery; the accident occurred on Wednesday and I saw the case on Friday. The doctor in attendance had discovered the afternoon before, that gangrene was commencing and when I saw the patient there was crepitation of the connective tissue, even up to the pelvis and beyond the limb. The parts were not discolored above the knee, yet there was crepitation, showing that the connective tissue was involved in this process. I amputated the limb above the knee. I couldn't think of going beyond the crepitation. The man lived two or three days. I have not heard how he came to his end, but for two or three days, it was probably a hopeful case. I haven't learned how he died. But whenever gangrene advances slowly, I always wait for the line of demarcation. In several cases of gangrene, I have waited until the line of demarcation was so deep and the tissues corresponding to the line so changed, that I could break off the limb instead of making a cutting operation. I have, in one or two instances, broken off a leg near the knee without making a flap; waiting until the parts were so friable, that I could break them off and leave a granulating surface. In other words, growth had begun at the line of demarcation and the growing tissue was abutted, as it were, against the dead tissue and all I had to do was simply to strike off the dead tissue and leave behind the repair-

ing surface. Dr. Bernays perhaps remembers the case of a well known lady in this city, who, in the puerperal condition, had the femoral artery stopped up and gangrene began at the foot and extended up, involving one third of the leg, and this continued for five or six weeks. Meanwhile, this gangrene was advancing and perfecting a line of demarcation, and I waited until the bones were almost soft enough to break off. But in this case, I simply separated the dead flesh from the living flesh down to the bone and then I made a longitudinal incision corresponding to the tibia and fibula and slit the living flesh, pushed it up with the pusher, passed a chain under the tibia and fibula, respectively, and cut them off deep in this living texture, even taking off a slice of the living texture corresponding to the gangrene; not sacrificing a single particle, but simply taking off the bone an inch or an inch and a half above the site of the line of demarcation. The case, of course, progressed well, because I waited until the condition of the body was normal. I waited until the febrile symptoms were gone, until the functions were all in a fair condition and the removal of the limb was scarcely a shock to the body. It was followed by no ill consequences whatsoever. I am pretty well satisfied, too, that the fears usually entertained, about the possible absorption in these cases, are scarcely well grounded fears. I often hear men say: "Suppose I leave this dead mass, will it not inoculate the blood? Had I not better remove it? Had I not better anticipate possible disaster by lopping it off?" I think not. I think that the living surfaces which correspond to the gangrene, are so walled up by the reparative material, that the probable introduction of poisonous material into the system is at a minimum. It is not likely that the contact with the flesh, that has been changed, as it were, by a sort of wall corresponding to the line of demarcation, which wall is a barrier, at least probably a barrier, to the introduction of this poison, will have any ill effect. In other words, we cannot, in making applications to granulating surfaces, use the same materials which would poison a fresh cut and produce the same effect. It would seem that the change is one of natures special acts; that is, that there is a particular object in this change, the erection of a sort of barrier to the possible introduction of poison; so that after repair has gone on to a certain degree, the contact of this dead material with the healthy tissue is not likely to contaminate the body. Sometimes it is well, in these cases, to remove

a large mass just below the line of demarcation, so as to get rid of the offense of this decomposing tissue, especially if it is a limb. It may be offensive, unpleasant to the patient, it may be unpleasant to the attendants, it may make the room unpleasant; and under these circumstances, it will be well to cut off the redundant portion, the gangrenous portion which is redundant, and in that way get rid of the offense. But it is always best to wait until the line of demarcation is formed. I remember, many years ago, an old woman who would not allow me to touch her feet which were gangrenous from exposure, frost-bite. I wanted to amputate them but she said she would not submit to it. She laid in bed two or three months, with this gangrene of the feet and they became black, and the line of demarcation deepening every day, at last she consented to have her feet amputated. When I came to perform the operation, I took hold of the feet gently; they began to yield and I simply removed them with my fingers, without a knife. I didn't pretend to make a flap. The surface had already granulated, cicatrized and the flap was just as perfect, as if I had made one after a surgical model.

Dr. Fairbrother:—How about the bone?

Dr. Gregory:—When the bones were detached, there was a granulating surface corresponding to the site of detachment. In the course of a few days these feet would have dropped off. It is possible that they would have dropped of without the aid of the fingers. I have frequently seen this result and I am never in haste to urge a patient with frost bitten feet to submit to a surgical operation. I prefer to permit them to dry up and then let them be detached. I do not know that any time is lost even by this process. It looks unsurgical, it certainly gives the young surgeon no opportunity to show his skill with the knife; but I have almost persuaded myself that it is well to let these parts become detached, and the idea that the stump is not so good, I am not prepared to endorse. My experience has been that the stumps, which are produced in this way, are just as good as those made by the surgeon.

Dr. Green:—I would like to ask Dr. Gregory, if in a case of spontaneous gangrene of the penis, the doctor would wait for a line of demarcation and spontaneous amputation. Of course, if we have a line of demarcation, it is to be supposed that it wouldn't take long for spontaneous amputation to take place.

DR. GREGORY:—I should wait for a line of demarcation.

DR. A. GREEN:—And would you wait for spontaneous amputation?

DR. GREGORY:—If the line of demarcation existed, I should wait for spontaneous amputation. I think we would get just as good results.

DR. A. GREEN:—I would like to ask Dr. Bernays, what is probably the etiology of spontaneous gangrene of the penis. I am inclined to think that it is an infection; especially, as there are some persons who are not very clean and sometimes a good deal of dirt gathers beneath the prepuce. Isn't it possible that spontaneous gangrene of the penis arises from an infection?

DR. BERNAYS:—The discussion has been very interesting and has gradually drifted towards the pathology of gangrene. Only knowing of four cases of gangrene of the penis, we haven't much material to draw on for our information; but from general principles we suppose that gangrene of the penis in aged persons, is due to some process similar to senile gangrene in other parts; namely, to atheromatous process of the arteries, which causes a ready coagulation, which causes a roughness of the interior coating of these vessels and thereby predisposes to the formation of clots. In this case, I have no doubt that this process was caused through atheromatous degeneration of the coat of the arteries. The radial artery was not exactly rigid, but it was decidedly weaker than we expect to find it in healthy persons and felt a little hard. However that may be, we know very well that we must distinguish in the treatment of gangrene, between senile gangrene and gangrene in young persons.

I went to the Dime Museum, about four weeks ago and saw a case that was called a man, born without lower extremities. This man has no lower extremities; there is simply a big scar at both hips; he is either a full blooded or a half breed Indian. Now I am convinced, that that man was not born without lower extremities, because there were parts of the muscles of the thigh distinctly to be felt on both stumps and there was also a piece of the femur to be felt on one side; on the other it couldn't be felt. I am convinced that this Indian through some accident in his youth—he was about thirty years old when I saw him—probably had gangrene of both the extremi-

ties and was left on the prairie without skilled assistance and that nature performed amputation of both thighs. We know that if a surgeon had performed an amputation of both thighs, the patient's chance for recovery would have been very small. At least fifty per cent of all amputations of the femur at the hip die; and where both femurs were amputated at the hip joint, I should say the chances for recovery would be very small. That is a case which would seem to favor Dr. Gregory's method of letting nature perform its own amputation and make its own line of demarcation. I believe that the doctor is perfectly right in that regard where we are dealing with young patients suffering from gangrene. The case in which I assisted the doctor to amputate in the lady, some four or five years ago, was a case of that kind. The doctor was not compelled to perform any bloody, dangerous operation whatever; there was no additional chance for her to die from the operation. Nature had amputated everything but the bone and the doctor simply cut the bone, and it left a beautiful stump. Now there is a difference I think with senile gangrene. I have seen perhaps six cases since I have been in St. Louis, and every one died, whether the part was amputated or not. One case that I remember now was that of an old Jew who was taken with gangrene in his big toe, and a line of demarcation seemed to form; afterwards, the gangrene continued and another line of demarcation seemed to form at the ankle, and two or three months later, there was gangrene as high as the knee; then the limb was amputated and he died. I have seen several cases of that kind, and I have read of a good many more as we all have. I believe in this case if the amputation had been performed earlier, the patient might have been saved; for this reason, because it is very evident that the clot which formed in the artery of the big toe enlarged gradually and was added to and grew in the interior of the artery, and more blood was by the beating of the heart caused to strike against this clot and, as it was a rough place, it continued to go upwards and in this way the gangrene spread. When we amputate high up, we may by applying a ligature to the artery stop this process. But in young, healthy cases, I am not prepared to say that we should not wait for nature to amputate, because even after a skillful amputation, it sometimes take three or four months before the stump cicatrizes and sometimes even longer than that. Nature will perform the amputation in about the same time, so

that in the item of time nothing is saved by a surgical amputation.

Dry Extract of Malt.

DR. OHMANN-DUMESNIL:—Mr. President, I wish to present a specimen of extract of malt made by Merck of Darmstadt. The advantages which are claimed for it are, that it can be compounded with anything which the physician wishes and it is very pleasant to the taste. The only precaution that is necessary is to keep it dry. I have given it in a number of cases and it has many advantages over all the liquid forms. It does not ferment during hot weather, which is on account of its containing less sugar.

DR. HURT:—I would suggest, as there are a large number present this evening and Dr. Gregory, the President of the State Board of Health, is present, that we would like to know if the doctor has anything to say to us as an integral part of the medical profession of the state of Missouri. The doctor has been around among the physicians in various parts of the State, and it would perhaps be well for him to give us an intimation of his wishes, in regard to what he would like to have us do, or something of that kind.

DR. GREGORY:—I suppose it is well known to all the members of the society and the public generally, that I had nothing to do with the formation of the law that now forms the nucleus of this Board of Health; but a law has been enacted and this law was enacted to please a very large number of the profession; because it is very well understood, that a very large number of the profession have been anxious to have a law for many years. They also know that it has been a most difficult thing to get a law of any kind, and they feel that the law they have gotten is a very unsatisfactory one, yet it is the best law that could be gotten under the circumstances; and if there is no other reason for the propriety of this law, the fact that other states have a law established, would be a sufficient one for the formation of a corresponding law in this State. If there is no other reason than the fact that the State of Illinois has a law, it is sufficient. We should have a law because the law of Illinois disciplines the profession in Illinois, which is one of the great objects of the law, and all of that portion of the profession, who are beyond the possible reach of discipline in states where there is a law, come

over for pretection to Missouri until we have a law. Now, we can protect ourselves from that class of medical men, who flee from states that have a law, to states that have no law. I am satisfied, that that clause of the law which permits practitioners, whether graduates or not, to register after having practiced five years—I say that part of the law is held to be very objectionable; but it is one of the best reasons in the world why ever good man in the profession should register. Registering, he countenances the Board of Health, he lends aid and comfort to the law and all the objects, for which the law has been enacted; and I am convinced, that if the profession wants to attain all that is possible through the agency of the law, they ought to go before this Board, or some member of the Board, and register. Because just as long as the good men stay out, indifferent men feel that they are in good company; and whenever the good men come out from amongst the indifferent, they are uncovered and exposed, and we are better enabled to reach them with all possible discipline intended by this law. I am satisfied that the time will come, when every good man will feel it a privilege to be registered by the Board of Health. I am satisfied that if you wish to make the profession as good as it is possible to make it, you should coöperate with this Board of Health. Place your names upon the register of this Board, because it will be the only registration of the profession. The old law under which you registered, has been annulled and embraced by this law, and in the course of time we will publish a book, which will contain the name of every registered physician. I hope it will contain the name of every reputable physician in the State; and I hope that every member of the profession, graduate or ungraduate, who is ambitious for repute in the profession, will go before this Board, or some member of it, and signify his wish to be registered; because every one who registers assists the Board in its work. Of course it will be a long time before we will accomplish much, but in order to accomplish all that is possible under this law, we must have the coöperation of the best men of the profession. The most objectionable feature about the law to many is that there is what is called an irregular board, that is, there is, an irregular on the board. That is something that we could not help. It was the only way in which a law could be passed and I can only say that the gentlemen, who represent these different schools, have so far proven themselves to be gentlemen in every respect; and I believe

it will end, not only in an improvement of what is called the regular and better portion of the profession, but also of the whole profession, including the so called irregulars; that it will discipline that class called irregular. I think the time will come when there will be less and less of this sort of exhibition; that men will gradually fall into the ranks of the old profession; that there will be a better understanding between the different systems; and the time will come when all alike—at least, I hope and believe that there will be a general improvement, not limited to what is known as the old and regular profession, but an improvement in every direction, in the ranks of those who are now foreign to us. Now I hope that every one of my friends and I feel that every medical man in St. Louis is my friend, because there is not a medical man in this city, with but one exception, that I am not on the warmest possible terms of friendship, will assist me in the work which I have undertaken. I will say that I am in a position that I never sought. It is a position that I was persuaded to take. I avoided it for a considerable time, declined it; but circumstances were brought to bear upon me that made me feel that perhaps it was best I should accept. I suppose you all know that there is no salary connected with it; but, as I have learned, there is a great deal of work connected with it, and a vast amount of time, which I estimate very valuable, has to be given to it; but I am becoming interested in the work. I have been through the State. I found a condition of the profession which, I am satisfied, needs some kind of discipline; and I believe that more will be accomplished through this Board of Health, in the way of bringing about a better disciplining of the profession generally, than all the speeches made in the American Conventions through these many years. I have become perfectly satisfied that the papers gotten up by the Presidents of medical societies on medical education have accomplished little or nothing. I have found in traveling through the state, that a great many men do not care what the character of the institution which grants them a diploma is, so long as it is received by the Board of Health; but so soon as the Board of Health stands up and questions the standing of the college from which he presents a diploma, he begins to feel that there is an influence in it, something which he respects, whilst he laughs to scorn all the papers that have been written, and speeches that have been presented to medical conventions. When the Board of Health goes into a community where a col-

lege exists, and some man is willing to swear that the college is in bad repute, that it will not do to endorse this college, the Board of Health hears evidence and they, for the time being, place the college in abeyance. There are several colleges in this state that the Board of Health cannot endorse, unless something is brought to their knowledge which has not yet reached them, but I think it will end in this way: the graduates of these institutions will come and be examined by the Board of Health and get a certificate, or will go to other institutions. I hope it will have the result of breaking up these colleges. Some will say, I understand that, you want to get students for your own college I must say gentlemen that the St. Louis Medical College has never yet made a stand for students. Every move that the St. Louis Medical College has ever made has been to push students away. But it will be said, every movement you made has been with the hope of getting students, but every movement has been disastrous. Every movement has been to make the college better; to make it more and more difficult to get its honors; requiring more and more effort, whilst it has been surrounded by schools that are willing to give diplomas for half the time and with half the effort. Of course, the consequence is that we get very few students. We scarcely get students enough to carry on the institution. We only hope we will have enough to pay the expenses; we only hope we will not have to put our hands in our own pockets to pay the expenses of the college. And yet the talk about medical education has been talked about for 20 odd years; for twenty odd years, medical conventions have discussed the matter and papers have been read. Students fly off to colleges that have retained the old plan. The leading colleges in this Country, such as Bellevue College of New York, such colleges as the Jefferson Medical College of Philadelphia, which started out with a great flourish of trumpets, who were going to make the course three years instead of two years, have gone back and left the little St. Louis Medical College with its three years course, a college which, unlike the others, never belonged to the college association, leaving us to receive the rebound. If these colleges had stood firm, the St. Louis Medical College would feel firm to-day, it would feel sure that its class would be equal to its expenses; but when such colleges go back upon their professions, of course the great weight of the rebound strikes us, and the two year colleges find themselves in good company again. So

that we hope by this Board of Health to accomplish something in this direction. We hope through this Board of Health, at least to bring students enough to this college to pay the expenses of the college.

DR. PORTER:—Mr. President, the only occasion that I have had to be ashamed of my alma mater, the old Jefferson, has been the occasion the doctor speaks of. I was not aware that the college belonged to the college association, but it did put itself on record as endorsing the three years term. It ought to have a three year term. With the men who fill its chairs, it ought to be able to draw students with a ten years course. I can scarcely reconcile the action of the college.

DR. HOLLAND:—Do I understand that we are to register in a book prepared and kept by the Board of Health?

DR. GREGORY:—Yes, sir.

DR. HOLLAND:—I was not aware of that. I though we had registered before.

DR. BARRET:—The registration is not obligatory.

DR. GREGORY:—The register is to be kept by the Secretary at Hannibal. The plan which is adopted is this. We have printed affidavits in blank, one of which is filled out by the physician and sent to the secretary and upon this the certificate is issued. If the person is a graduate, it is a blank corresponding to the fact that he is a graduate; if he has simply been practicing for five years, the certificate is what is called a practitioners certificate; and if he is examined by the Board, he gets a certificate of examination.

SATURDAY, Sept. 29th, 1883.

DR. MUDD.—I have a specimen here, which is a rather rare one, I think, and the society may find it of some interest. It is something such as I have not before seen, and it was obtained on last Friday, from a thirteen months old child, whom I saw ten days before its death. The child had been a healthy one until within a few weeks of the time of its last illness. It had one peculiarity; the mother told me that during the last illness, the fact was observed, that it never turned or rested on its stomach.

In endeavoring to get it into a position where it could rest easy and quiet, she noticed this peculiarity. At the time I was called to see the child, it had suffered for several days, with retension of urine; passing nothing but a little water at a time. When I first saw it, the bladder was very much distended. They had been treating it as a case of cold, and didn't realize that there was any trouble with the water. The child had passed a little water, from time to time, on the diaper, and the mother had not noticed any distension of the bladder. This retension, which came on suddenly, was persistent until death. Death occurred about two weeks after I first saw the child—after the retension was first recognized. I will say that upon examination of the child before death, by passing the finger into the rectum, I could feel a large tumor presenting anteriorly. The tumor was connected with the bladder, and I could outline it pretty distinctly. I could then determine that it was uniform in its outline, uniform in its consistency, and could feel, after emptying the bladder, by bi-manual palpation, the outline of the tumor very distinctly. Upon making the post-mortem examination, I found that the bladder was about as might be expected in a child of thirteen months; but there was a tumor springing apparently from the prostate gland, that was as large as a small lemon, and which presented upon the mucous surface of the bladder—it was an hypertrophy of the middle lobe of the gland, so as to completely occlude the passage of urine. From the microscopic examination, which was made by Dr. Luedeking, it appears that the character of the tumor is an hyperplastic myoma of the prostate gland. The structure of the prostate gland seems to have been lost in the hypertrophy of the muscular tissue—the muscular tissue is non-striated, such as is found in the bladder. It is the opinion of Dr. Luedeking, that the hyperplastic growth may have been developed as an intra-uterine growth. As you will observe, upon examination of the specimen, the mass of the tumor would not interfere at all with micturition, the interference coming only from the projection of the third lobe. It is very distinct and projects as little nodules, cutting off the passage of the water. It is remarkable, from the fact that it comes from so small a child—remarkable by presenting no characteristics of malignancy; simply presenting an hypertrophy of the muscular tissue.

I am asked the cause of death. I found that the pelvis of the kidney was involved in the inflammatory action, I suppose from

the obstruction to the outflow of urine; the calices of the kidney structure also were involved. I suppose that death occurred from disturbance of the kidney and retension of urine. The appearance of the tumor is very much such, as will be found described by Paget as an hypertrophy of the gland in old persons. I have not seen any such appearance in the child.

DR. PORTER.—Mr. President: I don't know at what stage the business of the evening is, but I take it I am not out of order in performing the pleasant duty of introducing to you, Sir William MacCormac, of London: Sir William MacCormac, our President and Society.

DR. BARRET.—On the part of the St. Louis Medical Society, I take pleasure in extending a cordial welcome to Sir William MacCormac. His presence here this evening, I think, has a gratifying significance beyond the pleasure that will be conveyed by a personal acquaintance with him. National prejudice, I think, has been a serious stumbling block in the way of professional advancement. I think there are no people, who are more ignorant of each other's good qualities than the English and French. It has seemed to me sometimes, that the English condemned ideas because they were French, and that the French condemned ideas because they emanated from England. The most effectual way to remove this stumbling block in our progress, is by personal acquaintance and international association. International conventions have already done much towards this purpose, and we are, in some measure, especially indebted to our honored guest for what has been done in this direction, since he was one of the most active and earnest spirits in the organization of the late International Medical Congress. We welcome Sir William MacCormac, with pleasure, to the society.

DR. PORTER.—Mr. President: Sir William MacCormac requests me to say, that if the society will proceed with the regular order of business, he will participate in the discussions. I understand that Dr. Mudd has presented a specimen which is of some interest; and I would like to ask Dr. Mudd to give a sort of résumé, so that Sir William may be advised of what is before the society.

Dr. Mudd did as requested, making a statement of the case, and presenting specimen.

Dr. Bernays.—If the specimen is now before the society, I would like to say a few words which may perhaps throw some light upon, and enable us to understand the origin of this very rare and perhaps unique tumor. So far as I know, it is unique. I have never, in literature or in communication with surgeons and physicians, heard of any similar tumor in a child. But after examining the specimen, I must say that I can readily understand that such a tumor could and would occur in childhood, as we know that fibromata and myomata of the uterus are sometimes found in babes. It has lately been shown in the works of Mr. Humphreys and Mr. Balfour, that the prostate gland is so constituted that a portion of the muscular fibres of the urethra, as far down as the canali seminales, are analogous to the womb in women, and knowing this, we can readily understand that we might expect to find fibromata, such as the case before us of the tumor originating from the prostate gland. The great peculiarity about this case is the fact, that the central lobe of the prostate is enlarged, and it is this which has evidently caused the retension of the urine; and I should like to have a closer examination made of those projections. It looks to me as if, perhaps, the ducti ejaculari might have been in this central lobe. I don't believe it is the central lobe of the prostate. I believe it is at the back of the folliculi seminales. It has a peculiar shape and look about it.

Dr. Mudd.—In reply to the last speaker, I would like to say that I have not examined the specimen closely as to that point —as to the sight of the ducti ejaculari. I should say, however, that the point of hypertrophy presents too far back towards the base of the prostate, to be at the site where those ducts are likely to present. Again, I do not exactly understand why that should influence the projections or prominences. It is very easy to understand how such a point as this, could project very quickly and present rather suddenly in the bladder, in a structure growing as this evidently has, with the hypertrophied growth of the muscular fibre, the thinning of the wall and mucous membrane of the bladder. The non-resistance here would permit a portion of the gland growing in keeping with the general substance of the gland The growth might present rather quickly and promptly upon the surface, and had perhaps been forming only a few weeks before the time of its producing the obstruction.

Dr. Prewitt.—It strikes me that this is a very extraordinary

tumor to be found in a child. Hypertrophy of the prostate, as we usually see it, is in persons rather over than under fifty-five years of age. We sometimes find an obstruction originating in the prostate, sufficient to give rise to serious trouble in urinating —that is, an hypertrophy of the prostate gland. In these cases, we may find one or the other lobe enlarged to a greater or less extent. The middle lobe may be greatly enlarged, while the lateral lobes are not so much enlarged. Taking this to be a fibro-myoma, it is a little extraordinary that it should seem to involve the entire lobe. If it had been simply a tumor in some portion of the structure—a simple fibroid such as is found in the uterus, where it occurs as a small nodule or a larger one in some portion of the structure—it would perhaps not be extraordinary, because we can conceive of such a growth occurring in such a position; but it seems to be an uniform enlargement throughout, with an involvement of the middle lobe. This is the most extraordinary part of it. It certainly has some very unusual features.

DR. BARRET.—We would like to hear from Sir William MacCormac, on this subject.

SIR WILLIAM MACCORMAC.—I have not had any experience, Mr. President, in cases of this kind, and can only endorse what the other speakers have said about the extreme rarity of it. Dr. Prewitt has taken words out of my mouth. If I had spoken I should have said very much what he said, in regard to the uniform enlargement of the whole gland being a very remarkable feature; making it rather one of hypertrophy of the entire prostate, than a fibroid tumor developed in any portion of that gland. It seems to me, that it does not present the character of these fibroma that we sometimes find in old persons, which, during an operation for stone, are sometimes enucleated during the performance, or after performance of the operation, but is one uniform, consistent hypertrophy of all the elements of the gland. I presume that this central portion, which is very remarkably enlarged, is the one that was the cause of the retention of urine, from the consequences of which the child apparently died. I can only again repeat, that the case is one of exceeding interest. I have been very fortunate, indeed, in having the opportunity to see the specimen.

DR. MAUGHS.—I should judge that this is not a tumor at all. It is not a fibro-myoma or any other tumor. It is simply an

hypertrophy of the gland. We have fibroma of the uterus, myo-fibroma, but if this gland enlarged until it was the size of my head, it would not be a tumor. We constantly have an enlargement of the uterus without a tumor at all. This is not a tumor of any kind; it is an hypertrophy—an hyperplastic condition of the prostate gland, and, as Dr. Mudd suggested, doubtless began intra-uterine. It is not a tumor at all.

Dr. Montgomery.—What is the difference between a tumor of the gland and an hypertrophy of the gland?

Dr. Maughs.—A tumor is the development of fibres or muscular tissue, in some form separate from the development of the organ in which it occurs. A tumor may occur in an organ without any enlargement or hypertrophy of the organ at all; a tumor is separable from the organ, it has no connection with the organ; whereas, an hypertrophy is a development of the organ itself, an enlargement of the organ. Thus the pregnant uterus is simply an hypertrophy—the development of uterine tissue in itself and an enlargement of the organ; whereas, a normal tumor may be inseparable from the organ without a development of the organ itself.

Dr. Mudd.—I would say again what I stated on the authority of Dr. Luedeking, who examined the specimen, that the tumor—the hypertrophy—seems to be solely of the non-striated muscular fibres of the organ; the structure of the gland itself seems to have been atrophied in the hypertrophy of this gland element.

Dr. Hurt.—Is the tumor homogeneous or heterogeneous?

Dr. Mudd.—Heterogeneous.

Dr. Green.—Mr. President, may not a gland which is in an hypertrophied condition, go back and become atrophied; go back to its natural size? Now, for instance, take the tonsil; we find these tonsils enlarged, and before these tonsils reach a certain stage, before they are hardened, we can reduce them to their normal size. About eight or nine years ago, I was called to see a boy, I think he was about nine years of age. He was in the hands of a person who called himself a physician, but he was not a physician. When I saw the patient, the bladder was nearly the size of my head. The boy was then crying and screaming so, that he could be heard for squares away. I examined the child, and saw where the man, who called himself a physician,

had tried to cut into the bladder; but he had given it up, however. I tried to introduce the catheter and couldn't do it. I examined per rectum, with my finger and felt the prostate gland very much enlarged. I tried again to introduce the catheter, and the fourth time, I succeeded in emptying the bladder. I put some of the urine into a bottle, and found it was full of pus and different particles. The next morning I tried to introduce the catheter again, but the boy made so much noise that I could not do it, so I called in another physician to give chloroform. Even then we had a good deal of trouble to introduce the catheter. This gland was afterwards reduced to its normal size. I saw this patient about seven or eight years afterwards; he was a young man and was all right. Therefore I should say, that it is not at all necessary to assume that this enlargement began intra-uterine if it is hypertrophied, because we cannot explain how the hypertrophy first commenced. Whether the hypertrophy commenced intra or extra-uterine, we cannot say; it is a mystery to us.

DR. GREGORY.—I merely wish to say, that there seems to be a misconception on the part of some of the members of the society, in regard to the difference between an inflammatory outgrowth and a non-inflammatory outgrowth. My friend, Dr. Green, evidently confounds inflammatory and non-inflammatory outgrowths. He mentions the case of the tonsil; well, we all know that the tonsils are subject to certain changes that we call hypertrophy, by common consent. This change of the tonsil is the result of irritation; it is an inflammatory change, and the best proof possible that it is an inflammatory change is, that you can remove a part of this overgrowth of the tonsil and it will cicatrize, and the cicatrix will atrophy the remaining portion of the tonsil. Now this, we know, is not in accord with the changes which take place in a non-inflammatory outgrowth. We know that if we remove every particle but one of a tumor, if there is a single particle left, the tumor will grow as if nothing had happened to it at all. The particle which is left grows and goes on as if nothing had occurred. Every particle of a tumor is a distinct tumor, and the mass that we call a tumor is simply a conglomeration of distinct tumors, so that if we remove the simplest tumor known to pathology, adenoma, and if one particle of the tumor is left, it will grow and go on as if nothing had happened.

So that it is just as important to remove every part of a simple tumor, as it is to remove every part of a malignant tumor. The tumor vice is peculiar; it is incomparable; there is nothing like it in pathology; it is the very climax; it embraces all the difficulties of pathology—all the difficulties known to pathology are embraced in this subject of tumors. Every day I learn something about tumors. Now, if I had been asked this evening, before coming to this society, if a tumor of the prostate gland could occur in a child, I should have said, perhaps so; but it is not likely. I should certainly be much astonished at such a condition of things; and certainly, in this particular case the fact that the gland is involved and is uniformly involved, is so extraordinary that I should be very doubtful whether it is not simply an inflammatory outgrowth, the result of irritation. I can't account at all for the fact that the overgrowth is uniform. Certainly it is very extraordinary; but we who deal with these growths, know that it is almost impossible in individual cases to distinguish an inflammatory outgrowth from a tumor, and we only know, from time to time, that we are dealing with a non-inflammatory growth, from the fact that it goes on growing indefinitely. Because inflammatory outgrowths stop; inflammatory outgrowths are indefinite; there is no limit; there is no purpose; there is no end; there is no cause. They are causeless, they are purposeless, they are endless. I should certainly have supposed, in making an examination of the patient, that this was an inflammatory trouble of the gland. I should not have suspected it to be a tumor. I should have assumed that it was an inflammatory condition of the parts that were involved. That certainly would have been my diagnosis, before the post-mortem, and of course, this is a matter that we cannot settle. Now, the change that takes place in the neck—the so-called thyroid body. There are specimens in museums, of the thyroid body enlarged in all its proportions, so that the enlarged gland is just as it was before being enlarged, except that it is altered in size. Now, we have reason to believe that these so-called goitres are not tumors, that they are not non-inflammatory overgrowths, but that the large proportion of them are inflammatory; and it is a fact that the removal of parts of this mass is like the removal of a portion of the tonsil that is enlarged; the cicatricial changes tend rather to an atrophy of the remaining portion. Then there is a disposition manifested in the remaining portion, to grow again; and many of the suc-

cesses in removing this gland, have been successes like those attending the removal of the tonsil. A portion of the changed organ has been removed, and that which is left is cicatrized, and the contractile tissues incident to the cicatrization, perhaps arrest the remaining portion of the growth.

DR. A. GREEN.—I understand by an hypertrophy, overluxuriance. I understand that hypertrophy is not where there are other fibres added, either muscular or connective tissue fibres, but only where the tissue elements are increased, where they are stronger and thicker. I don't think Dr. Gregory would call that a tumor.

DR. GREGORY.—If it grows indefinitely, I would call it a tumor.

DR. A. GREEN.—Of course, then it is not an hypertrophy. Hypertrophy is overluxuriance, over-nourishment; it is just merely a thickening and strengthening of the muscular fibres, or connective tissue fibres. I think that nothing abnormal takes place in the system without a cause, without an irritation. We may not know what the cause is, whether it is non-malignant or malignant; but there must be a cause. I don't think any hypertrophy takes place without cause—without irritation; we probably do not know the cause. Hypertrophy of the tonsils is not always inflammatory. Sometimes it may be and again it may not be.

DR. GREGORY.—This is very certain, Mr. President, that hypertrophy ordinarily is not tumor; that is absolutely certain. Hypertrophy, under ordinary circumstances, is the result of increased functional activity, just as much as irritation determines an overgrowth. It is increased functional activity which determines an overgrowth, and the overgrowth, under these circumstances, is limited by the degree of increased function, but cannot be pushed beyond it. It does not act on indefinitely, but it stops just as quick as the functional activity has reached its maximum; then the overgrowth ceases, just as the overgrowth in irritation ceases, when the irritation is withdrawn. The overgrowth in irritation is just in proportion to the irritation, and the very moment that the irritation is modified in any way, there is a corresponding change in the overgrowth, showing plainly that these results depend upon well-known causes; whilst the non-inflammatory overgrowth depends upon

causes about which we know nothing. They are essentially idiopathic. If there is anything idiopathic in pathology it is a tumor. There is nothing behind it, and it goes from nothing before it. It is objectless in all its relationships.

Dr. Mudd.—There is an essential difference in the two characters of hypertrophy, as spoken of by Dr. Gregory. The one is hypertrophy which comes from physiological activity, from functional activity, and which is perhaps conservative in its growth, in its purpose. These hypertrophies are well recognized and stand as a distinct class; and I think should be distinctly separate from those that come from irritation. However, the great mass of tumors, properly so-called, come from some local point, from some focus of irritation; and that focus, that irritation, may develop an hypertrophy of normal tissue, an increase of the tissue that we find in the neighborhood of the point of irritation; but that growth is not limited, as a rule, or always, by the absence of the local irritation which started it. It does not stop at that point. We may have developed from the simplest hypertrophy as the result of irritation, that which is malignant in its character. No one can tell, even with the simplest growth, that it is limited to the characteristics that it presents at the beginning, or that it has no other element than that of hypertrophied tissue. There is something more behind it, and that something we can determine only by subsequent development of the tumor itself. So we have various points of irritation; we have very varied tumors, that begin, perhaps, as hypertrophy of the tissue.

Dr. Gregory.—I think Dr. Mudd misunderstood me, because I distinctly said that a tumor was a growth that was not dependant upon irritation; that whenever an overgrowth was the result of inflammation, it was an inflammatory overgrowth. I don't care how a growth starts; if it grows continually, and every particle of it is a tumor, every particle of it will grow; if one single particle of it is left and will grow, it certainly is a tumor and not hypertrophy. I limit the word, hypertrophy, for the simple reason that I don't want to confuse things. Hypertrophy, to me, is overgrowth, the result of increased functional activity, and the overgrowths that we are all familiar with, which result from inflammation, it is unnecessary for me to refer to. But if an irritation starts a growth and that growth goes on indefinitely,

it is a tumor; but I don't believe that irritation has anything to do with it.

DR. FAIRBROTHER.—I would like to ask Dr. Gregory what he means by an adenoid hypertrophy of the lymphatic glands?

DR. GREGORY.—I mean that the lymphatic glands are like the tonsil; they are subjected to the same agency which causes hypertrophy of the tonsils, the same sort of irritation. I don't think that it is necessarily inflammatory. In order to avoid mixing things, I assume it to be an inflammatory irritation; and whenever the lymphatic glands grow indefinitely—just keep on increasing in size, extending—they are tumors, they are lymphomas, and we have many examples of this class. Every doctor sees, every day, these lumps on people's necks, from the size of pullets' eggs down, and they remain that way for years. I have known them to remain in this indolent state for years. Certainly this is not a tumor. Tumors don't stop. Tumors keep going on. So that every doctor meets, every day, these lymphatic changes which are the result of irritation, and whenever he meets with one that continues to grow, it is the result of the peculiar vice which is behind the tumor, and it doesn't stop and remain an indolent lump for years.

DR. HURT.—It seems to me, Mr. President, that our surgeons, who make a specialty of the science and practice of surgery, ought to be more harmonious in their views in regard to what constitutes a tumor. I ought to be supposed not to know what a tumor is. I have always been in the habit of considering anything that caused the parts to assume abnormal dimensions, without containing pus—perhaps that would make an exception—as a tumor, and the idea that a tumor is not caused by irritation, I do not just exactly reconcile with my conception of what sometimes takes place in the springing forward of these growths, which we call tumors, either malignant or benign. There is in most all cases, what we call accident or what we do not understand, what we simply call a predisposing cause—a predisposition to hypertrophy, hereditary or acquired. The predisposition to even a malignant growth may remain harmless during an ordinary lifetime, unless it should happen to be excited into activity and develop by the same process of irritation. There are numbers of cancerous growths, which I certainly must claim are susceptible to be denominated tumors, that are the products of

irritation altogether. What is called chimney sweeper's cancer, is a cancer of irritation.

Dr. Gregory.—A case came under my observation the other day, which I will mention. I have always told my class that smokers sometimes get an epithelioma just where the pipe rested, and it is a fact; but the other day a man came to me, with an epithelioma in the central portion of his lip. I asked him if he smoked, and he said yes, but he always kept the pipe in the corner of his mouth. The corner was perfectly intact. I will tell the Doctor a story that will go very far to confirm him in his opinion: A gardener, it is said, was in the habit of getting soot in a bag, and carrying it around to sprinkle on the flower beds —he carried the soot in a little bag and it is said he got an epithelioma on the arm on which he carried the bag. Chimney sweeper's cancer is described as the result of the irritation of the soot—we assume it to be the result of the irritation of the soot. We know, however, that irritation does not predispose to tumor; we know that tumors come where there is no irritation, and we know that irritation always produces inflammation, and that whenever it produces anything but inflammation, there is something else besides irritation. There is some other agency at work; because irritation upon a normal site never produced a tumor—it always produces an inflammation, a reaction. That there may be something in soot other than its irritating qualities, I don't know. It is an irritant, but there may be something else —some other qualitiy which produces the epithelioma. I do not pretend to deny but what there may be; but I do assume it is not an irritation, in the ordinary acceptation of the term.

Dr. Bernays.—Mr. President, I have a little specimen here, and although not nearly so interesting as the one that we have just seen, I think perhaps it will be more interesting than a theoretical discussion on the subject of tumors, of which very little seems to be known. The specimen that I have in my hand is a scapula and clavicle of an unknown person. It came into my hands by accident. I know as little about it as any other person in the room. The most striking thing about this specimen, is that we find no articulation between the outer scapular end of the clavicle and the acromion; besides that, where the ligament crico-clavicula ought to be, we find a rough thick mass of bone, extending between the superior margin of the clavicle and form-

ing a very dense mass of bone over the supra-clavicular foramen. The connection between the scapular end of the clavicle and the spine of the scapula is formed by a broad, irregular, spongy, callous mass of bone. The joint surface of the scapula, with which the humerous articulates, is intact; in fact, the shoulder joint seems to have been intact. How this dislocation of the outer end of the clavicle backwards took place, and how this immense growth of callous bone occurred, we can't say.

SATURDAY, October 6th, 1883.

DR. FAIRBROTHER:—In the absence of anything else, I will refer briefly to a disorder that I have heard very little, if anything, about in this society and that I know very little of, and have read little about in medical literature; that is, a specific form of diarrhœa that sometimes follows childbirth. I have had occasion several times of late, to observe this disease and I have seen it terminate fatally. I have just now under my care a case that baffles all my resources. There is much uncertainty about the cause and course and termination of this disease. I am acquainted with the popular theories concerning its origin. We are well acquainted with the facts concerning the mechanical damage to the rectum and lower colon, during the later hours and sometimes days of childbearing—that we then have a partially paralized condition, a defective nerve action of the lower bowels resulting from the mechanical pressure of the fœtus on this portion of it; and that it does not respond to the ordinary internal stimulus of the fæces on account of this damage that it has received through the pressure, so that no action will take place for many days in some cases, unless effected by artificial stimulants; and after such action has been produced, we have the same relaxed condition following a lack of tone on the part of the bowel, which does not allow its return to the normal condition. Now this might be referred to the effect produced by mechanical pressure of the fœtus. We know that the system is often disturbed during the period of gestation—the profound impression upon the nervous centres produced by the pains of childbirth so altering the distribution of the nervous force as to result in this pathological condition and this morbid action, in several directions, not only on the bowel but in various other ways,

producing a morbid result. So we may look for the cause of this trouble, either in the result of the mechanical effect produced upon the lower bowel, or the altered general condition of the system resulting from the disordered condition of the nervous centres, produced by the changes which take place in the evolution during the period and termination of gestation. I am only an inquirer and not a tutor upon this subject.

Dr. Green:—What kind of discharge is it doctor? Is it a dysenteric discharge—a discharge of mucous or fæcal matter?

Dr. Fairbrother:—It is a discharge running into dysentery.

Dr. Green:—It is not dysentery?

Dr. Fairbrother:—Sometimes.

Dr. Green:—Sometimes. The first thing that we must not forget, is that some women suffer themselves to be constipated for a good while previous to the delivery—sometimes for weeks. There is an accumulation of fæces in the lower intestine; and the first thing we know, this accumulation of fæces produces an inflammation of the mucous membrane and produces a diarrhœa. If a physician is called he will try to check the diarrhœa and, as a matter of course, he will not be able to check it. There will be tenesmus and there will be more or less discharge, in spite of his efforts. I remember a patient, fifty years of age, whom I delivered, and everything went along well, but after a few days, her husband came to my office and said, Oh doctor my wife is going to die. I said, what is the matter? He said, doctor, you must check that diarrhœa, she has diarrhœa all the time. I called to see her and told her that I must examine her; she objected, but I insisted that I could do nothing without making an examination. I examined her and found an excavation through a mass of fæcal matter. The whole pelvis was filled with fæcal matter–literally filled with it. There was an excavation about as big as my little finger, a passage through which the discharge was running. I had an awful time getting rid of this accumulation of fæces. Of course I couldn't use a syringe at first; I scooped it out for a good while and then used the syringe. There is another point that we must not forget and that is, that when there is an accumulation of fæces, the sigmoid flexure and other flexures will become inflamed. Almost a diptheritic inflammation will be set up and will produce dysentery. Then another point,

that we must not forget, is that dysentery is an infectious disease, actual true dysentery. Has the woman any puerperal fever?

DR. FAIRBROTHER:—No.

DR. A. GREEN:—Sometimes when there is puerperal fever, spontaneous discharges will take place, and these very discharges tend to rid the system of the poison.

DR. BERNAYS:—Not until the expiration of a week or ten days?

DR. A. GREEN:—After some days. Sometimes, in fact, it is well to give small doses of opium, but you cannot check the diarrhœa, and if you do, the woman will die. By this discharge, a part of the septic matter that is in the blood goes away; in fact, it is one of the greatest remedies in such cases. So it may be, that the diarrhœa is a part of the puerperal fever; consequently, when we have a woman in labor, I think the best plan is not to forget that there is infection in such cases. I would advise an injection of benzoate of soda. I would give about half a drachm to an ounce of water, giving her a good injection. I think we will have some benefit from it.

DR. WATKINS:—I have been peculiarly fortunate in my lying-in practice, and since I have been in private practice, I have kept a record of all my lying-in cases, where I was primarily called. I have a record, I think, of 306 cases, and I have never had a difficult case in my whole practice. That is considerable to say, but I don't say it in a spirit of braggadocio. I have been peculiarly fortunate. I have not noticed any action of the bowels of lying-in patients, except what I could assign a reasonable cause to, and I attribute my success to the pursuance of an old stereotyped plan of treatment; that is, to always give a mild cathartic on the second or third day. I always do it and I select, by preference, the old time remedy, castor oil. I know that at the present day, there is a revolution taking place in regard to the treatment of this condition, but I still pursue the same practice. I think, if more attention was paid to this matter, there would be fewer of such cases as Dr. Fairbrother speaks of. This matter is often neglected, especially among cases which are in the hands of midwives.

DR. ATWOOD:—It is certainly not the experience of the majority of accoucheurs, that such a condition of affairs, as has been

described by Dr. Fairbrother, exists in their cases. I have practiced medicine a great many years, and I do not recollect any cases of diarrhœa attendant upon labor. I cannot call to mind anything of the kind. It appears to me, that there must be some other influence at work in East St. Louis. It does not necessarily follow that a woman, who is delivered, will have diarrhœa. I have never seen anything of the kind. There must be some local cause for the diarrhœa in the doctor's cases. I think it would be worth while looking into the matter otherwise, than to account for the condition upon the supposition, that it was simply a reflection of the irritation from the uterus to the bowels—some nervous condition, dependant upon the nerve distribution in both organs.

Dr. Bernays:—Was there any rupture of the perineum?

Dr. Fairbrother:—Yes, previously, at the time of the birth of her first child. This was the second.

Dr. Bernays:—There was none this time?

Dr. Fairbrother:—No, sir.

Dr. Williams:—Mr. President, I removed a singular kind of a foreign body from a young girl's ear. She came to the office and said she was troubled, the previous night, by a tickling in her ear; that she had felt the tickling during the night and also to-day. I washed her ear out and found a louse in the ear; at least, there was a louse in the water that I washed out the ear with—a live one. This is the second case of the kind that I have met with. Some years ago, a gentleman came into my office and said he couldn't sleep, on account of a tickling in one of his ears. He said the tickling would stop for a while, and then start up again, stop again and then start. I washed his ear out. I couldn't find anything in the ear by looking into it, and in order to see whether anything could be there or not, I washed out his ear with warm water and found a live louse in the water that came out of his ear. These are the only two cases of this kind of foreign body in the ear, that I have ever met with. I mention the case simply as a matter of curiosity.

Dr. Watkins:—I would like to ask the doctor, if there was much wax in the ear?

DR. WILLIAMS;—There was no wax in the ear in either case.

DR. BERNAYS.—Did you see the louse in the canal?

DR. WILLIAMS:—In this last case, I saw a body in the canal; I saw a black speck. In the first case, I couldn't see anything. I suppose it was the animal crawling over the membrane that caused the annoyance.

DR. POLLAK:—In this connection, I wish to mention a singular case that occurred to-day at the Sister's Hospital. A young man from East St. Louis, perhaps Dr. Fairbrother may have met him, came into the hospital, three or four days ago, with a most dreadful headache. He was under the care of Dr. McCabe. When I went to the hospital yesterday morning, they told me that the young man was suffering with a dreadful pain in his ear, which he ascribed to his having picked his ear with a horse shoe nail and it was thought he might have bruised his ear. On examining the ear, I found nothing unusual–no cause for the trouble. The membrane tympani was perfectly normal. The pain was not confined to his ear, but was felt over the whole parietal portion of the head. My mission terminated when I had examined his ear. On yesterday morning, the sister told me that the night before he had been up, eating and drinking heartily; about midnight, he complained of pain again and in five minutes expired, was dead. Dr. Mudd came this afternoon to make a post-mortem examination, and on taking off the cranium, he found a blade of a knife penetrating about two inches into the brain, and an abscess had formed there. The knife blade was so smoothly broken off that nothing could be felt on the outside. The doctor immediately let the case alone, of course, and sent for the coroner, but he had not arrived this evening. A very strange point in the case is the fact that the patient, who is a very intelligent young man, knew nothing about the presence of the knife whatever; he knew nothing of any injury that he had received. I asked him myself whether he had received any injury–he was a railroad man—and he stated that he had not received any injury. He seemed to be a perfectly peaceable, quiet man.

DR. HURT:—Could you judge from appearance of things, how long the knife had been in the brain?

DR. POLLAK:—I didn't ask any particulars about the case. I was not present at the examination, but Dr. McCabe told me

about it, a few minutes before I came here. There was no external wound to be seen. I will also exhibit to the society, some specimens of fibro-polypoid tumors, which I removed on Thursday morning from the posterior nares. The patient was a girl, about twenty years of age, who came here from up the country. She had been suffering for two years with obstruction of the nose; she couldn't breathe through the nose at all and she couldn't lie on her back; she was obliged to lie on one side and keep the mouth wide open at night. Her voice was somewhat changed. The physicians who examined her seemed to know very little about it. They said there was some sort of tumor growing out from the back of the mouth. In looking into the mouth, I could see the segment of a tumor projecting from below the velum; but on raising the velum, there was found a large tumor about the size of a walnut, which was very hard; so hard, indeed, that you could hardly make an impression on it with the finger. I couldn't reach far enough to get to the end of it. On looking through the nostrils, I found that one nostril was greatly hypertrophied and the other one was perfectly normal.

The patient came here to have the tumor removed and it was removed. It was removed in two parts. It was very hard and was removed with the ecraseur. This piece was removed first and then the other part became more accessible, and in a measure dropped down, so that I could easily reach it. It is a very singular specimen and I would like to have it examined microscopically. She was relieved as soon as it was removed.

Saturday, Oct. 13th, 1883.

Dr. Williams.—Mr. President: Some time towards the latter part of the past spring or the past winter, a gentleman, about fifty-five years old, called at my office, with the left side of his nose completely filled up with a tumor. On examination, I found that the cavity of the left side of the nose was completely filled by this growth, the color of which was a bluish-white. Running over the surface of the growth, could be distinctly seen a number of very fine blood-vessels. The tumor, however, was white, tinged slightly with blue. This trouble had existed for a considerable time, but it was only recently that it had become very troublesome, on account of the size and obstruction to his

breathing. He couldn't sleep; in fact, he was not comfortable under any circumstances, so large was the mass of material obstructing his nose. The tumor was not visible through the mouth. At the request of a medical friend, I undertook to remove the growth from the nose. In order to do so, I had to first find where the pedicle was, which I could not do until I had removed a large portion of the growth with the forceps and the use of chromic acid. I tore away, at different times, large portions of these growths with the forceps, and then I cauterized the mass each time with chromic acid, until, finally, I got the mass reduced sufficiently to find where the pedicle was attached—where it grew from. I found, that on tearing these portions of the tumor away, it would not bleed; but when the teeth of the forceps would cut around the mass, and I would break through the walls or the surface of the tumor, which was tough, before the tumor would tear, a gush of fluid would escape from the tumor. This fluid was yellowish water, apparently, and as soon as it would escape, the tumor would collapse so as to be flabby and soft. After removing a large amount of these masses, I found that the pedicle was attached to the extreme posterior end of the lower turbinated bone, and as soon as I could get to the pedicle, I passed a strong hook over it and was fortunate enough to pull the entire mass out. It consisted of one large tumor, or perhaps several rudimentary tumors, with portions of those that I had torn away with the forceps still remaining. My friend, Dr. James, examined the tumor microscopically, and was obliged to cut a large part off the tumor, so as to destroy its appearance; but before doing so, he made a drawing of it, which will give a very fair idea of the growth as it appeared before he cut it. Dr. James reports to me that the tumor is what is called a fibrous polypus. I expected this large tumor would prove to be a cyst, but on cutting into it, it proved to be solid.

Dr. James then presented the preparations of the tumor, under the microscope.

DR. WATKINS.—If there is nothing else before the society, I have two interesting cases of disorders in pregnancy, which I would like to report. They are perhaps not remarkable, but are somewhat singular on account of the extent to which the symptoms have developed. One is a case of a young woman, aged about twenty years, in her first pregnancy, and the patient

was about six months advanced in pregnancy, when the symptoms manifested themselves. There is an excessive sleepiness, the patient sleeping nineteen or twenty hours out of the twenty four. There were no symptoms of derangement of the general health whatever; on the contrary, she enjoyed the best of health, waking up and taking her meals, and then lying down and sleeping. This continued for about six weeks, during all of which time, she slept from nineteen to twenty hours out of the twenty-four. She experienced no other discomfort which usually follows pregnancy, and when she was about seven and a half months advanced in pregnancy, this feeling of sleepiness entirely disappeared, and she then slept the usual number of hours—from eight to nine hours. She now enjoys the best of health, as she did before the occurrence of this remarkable feature. The most remarkable part of it, perhaps, is the sudden cessation of this excessive sleepiness, so to put it. The other case is one of salivation. It is also a young woman, about nineteen years of age, who has advanced, at this time, to the third month of pregnancy and she has the most intense salivation; so intense, that a chamber is filled in the course of six or seven hours. There is a constant spitting, a constant salivation, as if she had been taking mercury. She is in good health otherwise. I am aware, that a number of authorities quote salivation as one of the concomitant disorders of pregnancy, but I have never seen a case, in which it was so extensive as it is in this patient. I have not given any treatment for it, as I consider it one of the aggravated manifestations of pregnancy. She appears to enjoy excellent health, and her appetite is good. I simply present these cases on account of their singularity.

Article LXXV.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, Sept. 13, 1883.

The President, Dr. Tyson, in the chair.

Specimen of very Large Ulcer of the Stomach, with Unusual Features. Presented by Charles W. Dulles, M. D.

This specimen which I have to show you, came from the body of a patient of Dr. Edward L. Anderson, who had had Dr. J. H. Musser to see her in consultation during life, and who asked my assistance in making the *post-mortem* examination, because of Dr. Musser's temporary absence from the city. To the clinical notes of Dr. Anderson, and my notes of the autopsy, Dr. Musser will no doubt add his own impressions of the case, which has appeared to me to be of singular interest and instructiveness.

The following are Dr. Anderson's notes:

Mrs. M., aged thirty-five years, her husband living, the mother of five children, one of whom died of stricture of the pyloric or cardiac end of the stomach. Both her parents died before their fiftieth year.

May 12th, 1883. At my first visit, she was confined to bed, and stated that since the birth of her last child she not been well, having more or less dyspepsia and growing steadily worse for the last six months. She complained of a constant burning pain in region of the stomach, which nothing seemed to relieve. She vomited daily, sometimes immediately after a meal, but oftener not until evening, when it seemed to her, all the food she had taken during the day would be ejected. The matter vomited was intensely sour, dark and frothy, having the appearance of yeast. There was always pain after vomiting, and at all times irregular pains over the abdomen. She was anæmic, emaciated, and had a weak but regular pulse. Upon physical exploration I could find no tumor. Her heart and lungs were normal, and, as I afterwards learned, the urine likewise. The abdomen was resonant. She was placed on a milk diet, with pepsin and ten drops of sulphurous acid every three hours. She took two quarts of milk daily, and did not

vomit until the 22nd of May, a period of ten days. On this day she vomited but a small quantity of food.

May 23th. The period of her menstruation (though not menstruating from April until the time of her death). She ate, on her own responsibility, a fritter for supper. This indiscretion brought on an attack of vomiting and sufficient prostration to cause considerable alarm to her family, and cause them to send for me. I found her much exhausted, only able to speak in monosyllables, with a pulse of 104, and respiration 40. She complained of intense, burning pain in the stomach. External heat and sulphurous acid internally, gave relief. This was the first time I was able to see the vomited matter, and I found it to be digested blood, about two quarts in amount. Dr. J. H. Musser kindly examined the material, microscopically, and found blood-corpuscles, pus globules and epithelial cells. I was told that she had vomited similar material, prior to my first visit. The vomiting was repeated on May 25th, 26th, 27th, 28th, and several times there were free hæmorrhages. She was treated with bismuth and carbolic acid, with enemata of milk, whiskey and eggs, and inunctions of cod liver oil. Hæmorrhages occurred again on June 6th, 7th and 8th. On June 10th, Dr. J. H. Musser saw the case, in consultation. He thought he detected a tumor. We came to no positive diagnosis; but wavered between carcinoma and ulcer. It was only when the patient was placed in the knee-elbow position, that a tumor could be felt, and this a little to the right of the median line. The treatment was changed to one drop of hamamelis every twenty minutes, and a pill containing one-fourth of a grain of oxide of silver, three times daily.

June 17th and 18th, hæmorrhages again occurred, but from this time until her death, about six weeks later, there were no more hæmorrhages, little inclination to vomit, and very little pain; and that too, notwithstanding the fact that, as I have reason to believe, for about a month before her death, she paid no particular attention to her diet, while the only part of the treatment carried out was the taking of the oxide of silver pill. About three weeks before her death a troublesome cough set in, but it was easily controlled by opium. Her death followed a large meal and free draughts of coffee and water. The act of death was quiet and gradual, entirely unaccompanied by pain or alarm.

The notes of the autopsy are as follows:

Sept. 2nd, 1883, thirty hours after death. Rigor mortis absent,

body much emaciated, right hand puffy with œdema, bruise over middle of right shin. There was no fluid in either pleural cavity. Both lungs were attached, at the upper part, to the parietal pleura by adhesions which broke down easily. The upper lobe of each lung was frothy, well solidified with chronic catarrhal deposits, and quite soft. In each upper lobe there was a cavity; that in the right lung as large as a hen's egg, that in the left about the size of a pigeon's egg. Both contained dirty grayish detritus The lower lobe of both lungs contained a number of small nodules of caseous degeneration.,

The heart was very small and firm, about the size of a goose egg. Its valves were normal, and it contained but a small quantity of fluid blood in its right cavity.

The abdomen contained about a third of a pint of slightly turbid serous fluid. There was not the slightest injection of the peritoneum anywhere, nor any other evidence of peritonitis. The pelvic organs were all normal in appearance, except the uterus, which, though of normal size, was in a state of marked retroflexion. The bladder contained about two fluidounces of urine. There was no omental apron. The liver was of normal size and appearance. The gall-bladder was normal in appearance, and contained about half a fluidounce of saffron-colored bile, but no gall stones. The spleen was normal. The kidneys were of normal size, rather hard, their capsules adherent and their surface a little granular; on section, their cortex was found somewhat diminished. The suprarenal capsules were very tough, the right more so than the left. The pancreas was of normal appearance at its left end, but at its right, it was attached to the stomach and was decidedly indurated. Here it was imbedded in a quantity of delicate adhesive bands, which united into a bundle, its own duct, the end of the ductus communis choledochus and the pyloric end of the stomach. The intestines were collapsed and empty, except the duodenum, which contained a small quantity of thick, bile-stained chyme.

The stomach itself presented the features of the greatest interest. It was much enlarged by dilatation, its walls were thin and pale, its vessels, along the greater curvature, much enlarged and full of dark blood. It occupied a slanting position from above downwards, and from left to right. It contained about *two quarts* of grumous, sour-smelling, fluid ingesta, and with this it was not nearly filled. At the upper part of the pyloric entrance it bore a firm

puckered induration, looking like a cicatrix, about two-thirds of an inch in diameter. Close by this was a large ulcer, about two and one-half inches long and over an inch wide, with indurated, thickened, and in part, perpendicular edges. This ulcer passed through all the coats of the stomach. Nevertheless, the large quantity of fluid contents of this viscus had not escaped from its cavity, because the ulcerated part of the stomach was applied against the adjacent pancreas and attached to it by adhesion. This attachment, however, was extremely delicate and would not bear the gentlest handling. It gave way while the viscera were still in the abdomen, upon an attempt being made to lift the pancreas up, while the stomach was held aside. This disclosed, what seemed to be a loose connective tissue mesh between the stomach and pancreas, in which a small quantity of the ingesta was found.

The pyloric orifice of the stomach was at the edge of the induration surrounding the ulcer, and was so contracted as to barely admit the passage of a grooved director through it.

Case of Tubercular Ulceration of the Intestine, with Tubercular Infiltration of the Lungs and Spleen.

E. H., aged forty-three, married, was admitted to the Episcopal Hospital, July 16th, 1883. The following notes were taken by Dr. George M. Boyd, the resident physician:

The patient states that she has been sick since last April. Her trouble began with vomiting and purging, which it seemed impossible to check. No cough was complained of and there appeared, on admission, to be no marked dulness on percussion over either lung; but, in consequence of the patient's statements, a careful physical examination of the lungs was not made. She was very pale and much emaciated. At first, almost all nourishment was rejected, but, after a few days, the stomach became more tolerant of ingesta. Pain was complained of in the left inguinal region, where there seemed to be an undue degree of fulness; but the pain was relieved by poulticing and the diarrhœa was relieved, to a certain extent, by opium and astringents. Four or five thin, dark and watery passages occurred every twenty-four hours, in spite of treatment. Sometimes small clots and shreds of coagulated blood were seen in the passages.

The diarrhœa became again more profuse and the emaciation more extreme. About a week before her death, the patient began to complain of cough, and auscultation then revealed tubular breathing and gurgling below the right clavicle.

Death occurred Aug. 30th.

The post-mortem examination was made fifteen hours after death, rigor mortis hardly yet established. The body is extremely emaciated, the omentum being almost destitute of fat.

Heart.—Weight, four ounces; tissue pale.

The apices of both lungs present numerous cheesy nodules, with catarrhal pneumonic thickening. The right lung presents at its apex a cavity the size of a pigeon's egg, with smooth walls.

Spleen.—Weight, two and one half ounces; its section shows numerous cheesy nodules.

Left Kidney.—Weight, two ounces; capsule adherent, and cortex diminished. Right Kidney.—Weight, four ounces.

Liver fatty. Small intestine almost empty and contracted; its mucous surface is everywhere injected and, about eighteen inches from the ileo-cæcal valve, it presents two or three small, round ulcers, which do not penetrate quite to the peritonæal investment. Mesenteric glands everywhere swollen, and veins dilated. The large intestine presents, throughout its entire extent, thickening of its submucous layer and other indications of chronic inflammation. The inflammation has caused, in the descending, and a portion of the transverse colon, complete, or almost complete destruction of the mucous membrane, for a space of about three feet. The muscular layers are thickened, the mesenteric glands swollen, and there is some thickening and undue opacity of the walls of the vessels, but no tubercular granulations can be detected with the naked eye.

Case of Cancer of the Liver.

The patient, S. A., aged sixty-five, single, was admitted to the Episcopal Hospital, July 31st, 1883. The following notes were made by Dr. Claxton, the resident physician:

While at work, six weeks ago, the patient began to experience pain in the epigastric and right hypochondriac regions. Two weeks later, he noticed that he was jaundiced, and that there was a lump or swelling, in his abdomen.

Upon admission to the hospital, the patient was much emaciated and very feeble; skin and conjunctivæ intensely jaundiced, of a deep saffron hue. There was marked bulging noticed in the right hypochondriac and epigastric region. The tumor, which could be plainly felt through the thin abdominal wall, was found to extend four inches below the xiphoid cartilage and two inches to the left of the linea alba. The mass occupying the

right hypochondrium was found to be distinctly nodulated, and very hard. Some of the nodules appeared to be umbilicated.

The patient presented a markedly cachectic appearance; tongue thickly coated with a dirty, yellowish-brown fur bowels constipated, and there was anorexia. Purgation failed to influence the size of the tumor. The patient complained of insomnia, but did not seem to suffer much. Mental action was sluggish. The patient became rapidly weaker, and for fully a week before his death, it was noticed that his extremities were very cold, and for three days before his death, his pulse became so weak as to be almost imperceptible. Death finally occurred on Aug. 16th.

The post-mortem examination was necessarily a hasty one, as the body was removed from the hospital within two hours of the patient's death.

The new growth appeared to involve, however, only the liver and the pancreas. The common bile duct was completely occluded by a hard nodular mass, which had its apparent origin in the pancreas. Above the occlusion, the cystic duct and the gall-bladder were distended with dark olive-green bile.

The liver weighed five pounds, six and a half ounces. A section showed complete infiltration with cancer nodules, and little or no normal hepatic tissue could be seen. The spleen was markedly atrophic, weighing one and one-half ounces. The kidneys were deeply stained with bile and seemed somewhat contracted. The heart was very small and its muscular tissue flabby.

Article LXXVI.

AMERICAN RHINOLOGICAL ASSOCIATION.

The following gentlemen met at 2622 Washington Ave. St. Louis, Mo., at 10, A. M. on Oct. 2nd, 1883, to form an Association that would confine its proceedings to the discussion of the diseases of the nasal passages and such other diseases as were sequences of them, viz: Dr. P. W. Logan, of Knoxville, Tenn.; Dr. J. P. Matthews, Carlinville, Ill.; Dr. J. L. R. Wadsworth, Collinsville, Ill.; Dr. A. De Vilbis, Ft. Wayne Ind.; Dr. W. A. Tichenor, Fulton, Mo.; Dr. J. T. Binckley, Shawneetown, Ill.; Dr. H. Jerard, East Lynne, Mo.; Dr. N. R. Gordon, Sparta, Ill.; Dr. E. F. Henderson, Lebanon, Mo.; Dr. J. R. Van Allen, Kansas City, Mo.; Dr. H. Marks, St. Louis, Mo.; Dr. A. Ostertag, St. Louis, Mo.; Dr. A. J. Mullen, St. Louis, Mo.; and Dr. Thos. F. Rumbold, St. Louis, Mo.;

The following gentlemen, although not present, expressed a desire to become members of the Association, some of whom sent papers to be read at its meeting, viz: Dr. S. M. Letcher, Richmond, Ky.; Dr. Edwin L. Sessions, Whitney, Texas; Dr. G. M. Wilson, Fairfield, Ill.; Dr. J. G. Carpenter, Stanford, Ky.; Dr. J. A. Stucky, Lexington, Ky.; Dr. Hiram Christopher, St. Joseph, Mo.; Dr. A. M. Powell, Collinville, Ill.; Dr. T. J. Banning, Salisbury, Mo.; and Dr. J. W. Fink, Hillsboro, Ill.

Dr. Rumbold called the meeting to order, and made the following remarks of the objects and purposes of the Association:

Gentlemen, Fellow Practitioners:

I give you a hearty welcome to this meeting, which I hope will inaugurate an Association that must, if conducted properly, rebound to the benefit of the profession. I assure you that it is with great pleasure that I greet you all. When I first conceived the idea of forming a society for the promotion of the knowledge of the diseases of the nasal passages, I feared that I could not induce half a dozen to meet me, but now that I see so many of you, some of whom have come from far distant states, I feel confident of our success, and am sure that from so many able and industrious workers, there must come some as important truths,

connected with this specialty, as have ever been proclaimed to the profession.

May your stay here be a pleasant and a profitable one; may our friendly associations be extended, and our kind regard for one another be strengthened.

Each of you has received a letter from me, stating that I thought that the times are auspicious for the organization of an Association that will confine its proceedings to the discussion of the "Diseases of the Nasal Passages and such other Diseases as are sequences of them", asking you to come here and help in the formation of such an Association.

The number that received this invitation is small, for the reason that I knew of but few who, I thought, would be in sympathy with a movement of this kind.

It would be useless to ask physicians to come here who did not consider that the diseases of the nasal passages were of such paramount importance, that they required special study.

One effect of the formation of an Association of the kind contemplated, is to give due prominance to disease of the nasal passages. This prominance is not given to them by the profession, and it is their importance and the prominance that we believe they ought to have, that is the occasion of our assemblage at this place.

No other complaint is so frequently met with as catarrhal disease of the nasal passages and the cavities connected with them; even the number of persons afflicted with decayed teeth is not so great. We have a Gynæcological Association, but if every adult female required its aid, their number would not nearly equal the number of those afflicted with rhinal disease and its consequences. An Ophthalmological Association has for a number of years been doing much toward improving the knowledge of this specialty; but for one case of diseased eyes, there are fifty diseased nasal passages, not taking into consideration that very many diseases of the eye are sequences of nasal disease. A Laryngological Association is formed and is doing grand, good work in promoting the knowledge of the diseases of the larynx, but every disease of this organ, is secondary to disease of the naso-pharyngeal cavity.

Finally, let us follow the lead of other specialists. The Ophthalmologists have formed the American Ophthalmological Association; the Dermatologists have formed their Association, the Lar-

yngologists their's, the Gynæcologist their's. Now let the Rhinologists found an American Rhinological Association so that we may better contribute our share toward the perfection of the most benevolent of Sciences, Medicine.

At the conclusion of Dr. Rumbold's remarks, he moved that Dr. Logan of Tenn. be appointed temporary Chairman and that Dr. Marks of Mo. be appointed temporary Secretary; carried.

The Constitution and By-laws were read by the Sect. and on motion of Dr. De Vilbis, it was adopted as the rules of the Association.

Dr. Rumbold moved that a committee on permanent organization be appointed; carried. Drs. Logan, De Vilbis and Gordon formed this committee, and made the following report: that since all present agreed to form a permanent organization they proceed at once to elect officers; carried. Dr. De Vilbis then moved that Dr. Rumbold be elected President; carried. Dr. Jerard moved that Dr. De Vilbis be elected, 1st. Vice-President, and Dr. Marks moved that Dr. Logan be 2nd. Vice-President. Dr. Jerard moved that Dr. Marks fill the office of Sect. and Tres. Dr. Henderson moved that Dr. Ostertag be Librarian. The nominating committee also reported the following councilmen, viz Dr. J. A. Stucky, of Ky., to serve for one year, Dr. N. R. Gordon, of Ill., to serve for two years, Dr. Hiram Christopher, of Mo., to serve for three years, Dr. H. Jerard, of Mo., to serve for four years. On motion, this was agreed to. All the officers being elected, the Association proceeded to the reading and discussion of papers.

Dr. P. W. Logan, of Knoxville, Tenn., read an interesting paper on "The Treatment of Chronic Nasal Catarrh". Discussed by Drs. Ostertag, De Vilbis, Gordan, Jerard, Rumbold and Tichenor. Adjourned at 1 P. M.

AFTERNOON SESSION, 3 P. M.

Dr. Allen De Vilbis, of Ft. Wayne, Ind., read a paper on "Epilepsy Resulting from Nasal Catarrh, with a Report of three Cases and their Treatment." This was discussed by Drs. Henderson, Rumbold, Logan, Wadsworth and Matthews.

Dr. A. Ostertag, of St. Louis, Mo., read a paper on "The Relationship of Chronic Catarrh to Bright's Disease". Discussed by Drs. Gordon, Matthews, Logan and Rumbold.

The Secretary read a paper from Dr. Hiram Christopher, of

St. Joseph, Mo., on Pharyngitis, its Cause and Treatment. Discussed by Drs. Jerard, Matthews, De Vilbis and Rumbold. Meeting Adjourned at 6 P. M.

SECOND DAY—Oct. 3rd, 1883.

The meeting was called to order by the President at 9 A. M. On the completion of the business of this hour, Dr. Allen De Vilbis, took the chair and the Association heard the paper of Dr. N. R. Gordon, of Sparta, Ill.; whose subject was "The Most Efficient and Inexpensive Method of Compressing Air". Discussed by Drs. De Vilbis, Matthews, Rumbold and Logan.

Dr. J. L. R. Wadsworth, of Collinsville, Ill., read a paper on "Parasites in the Nasal Passages" and exhibited four or five maggots taken from the nasal passages of a patient, also three flies raised from other maggots. Discussed by Drs. Binckley, Henderson, Matthews and Rumbold. Adjourned at 1. P. M.

AFTERNOON SESSION, AT 3. P. M.

Dr. P. W. Logan, of Knoxville, Tenn., in the chair. Dr. E. F. Henderson, of Lebanon, Mo., made a verbal report of three cases affected by Chronic Nasal Catarrh, followed by Dr. Rumbold, who made a few remarks upon melancholy as a symptom of Chronic Catarrh.

Dr. A. Ostertag, of St. Louis, made remarks on an article found in the *Detroit Therapeutic Gazette* upon Diphtheria, after which Dr. Thos. F. Rumbold of St. Louis, read a paper entitled "Remarks on the Appearance and Peculiarities of the Mucous Membrane in Catarrhal Disease of the Nose and Throat, and on some Indications that may serve as a guide in their Treatment". Discussed by Drs. De Vilbis, Wadsworth, Logan and Henderson.

Motion made by Dr. De Vilbis, to hold the next Annual Meeting in St. Louis, at call of President; carried.

Motion was passed extending to Dr. Rumbold, a vote of thanks for his generous kindness to the Fellows, during the meeting of the Association. Adjourned at 5. 30 P. M. to a supper given by the President.

Correspondence.

Article LXXVII.

Editors Journal:—

Please to accept a sarcomatous tumor, one inch long and one-half inch wide at one extremity, and one-fourth of an inch wide at the other.

The tumor was removed by me, Monday September 15th 1883, from the plantar surface of the second phalange of the second toe.

This tumor had troubled its unfortunate owner for several years, having given him severe neuralgia in the track of the lower part of the tibial nerve, and the suffering caused by it, had been fearfully increased of late.

Twenty-four hours after the operation, he declared himself free of neuralgia. The wound was closed with sutures and has healed "prima intentione" within four days. A carbolic acid solution was applied to a loose dressing and no bandages were used.

The interest of the case is not in the operation, but in its history. The severe neuralgia was looked upon by me rather as a security against tetanus. There was no spasmodic contraction of the muscles at any time. There were some tremors of the leg after the operation next day, but they yielded to application of aconite to the popliteal space.

Another point of interest attached to this case is, as you can see, the peculiar form of the tumor. It is of a very irregular shape and before it was cut out, there was a suspicion that there, possibly, might be two little tumors close to each other. The tumor was lying with its long axis across the second phalange. The patient had perfectly recovered September 24th. He has no neuralgia and walks with ease on the carpet. Dr. Charles A. Ware kindly assisted at the operation, and it was found necessary to keep the patient profoundly under the influence of chloroform during the whole time of the operation.

The patient is sixty-six years of age, temperate and living in good circumstances.

Very Respectfully.
Dr. E. Benkendorf.

Editorial.

Article LXXVIII.

HOT WATER AS A REMEDY.

Much that has been said, of late, of drinking hot water as a remedial agent is true, and much is erroneous. There is no doubt that some of the benefit derived from drinking the water of the celebrated Hot Springs, of Arkansas, is due to the effect of its temperature on the stomach.

A careful series of observations made on quite a number of patients has shown, that in many cases it was a most beneficial remedy, while on others its effect was positively injurious.

Its greatest benefit was shown on those individuals who have, for some time, been addicted to the use of whiskey, brandy, wine or beer; next on those addicted to the inordinate use of tobacco, *i. e.*, both chewing and smoking; then those whose stomachs have, from whatever cause, become more or less affected.

From this, it appears that hot water drinking is beneficial in those patients only, whose stomachs are affected with chronic inflammation of the mucous membrane.

To use this remedy properly, the water *must be hot*, in the neighborhood of 115° F. The quantity of water to be drank will be from one-half pint to a little over one pint, and it should be taken about half an hour before breakfast. It should be sipped slowly.

Its effects may not be felt for a few days, but if it is to be beneficial, it will soon increase the appetite for breakfast, the urine will increase in quantity and the bowels will be a little more laxative. As the digestion improves, some patients think that it decreases the desire for liquor and tobacco.

If the water has a too insipid taste, a little table salt or a little milk will relieve it of this objection.

We will have more to say on this subject in a few months.

MISSOURI DENTAL COLLEGE.

We are pleased to know that the class attending the present (eighteenth) Session of this well-known institution, is larger than that of any previous year since its organization.

We have watched the progress of this School with interest, since its first session, it being the first dental school to be connected directly with a medical college, having lectures from the Chairs of Anatomy, Chemistry, Surgery, Physiology and Materia Medica and demonstrations in Anatomy, in common with the class in the St. Louis Medical College.

Now, of the twenty dental colleges in the United States, thirteen are connected with medical schools, and the Dental Section of the American Medical Association, is directly the result of this advance in dental education.

The Missouri Dental College has, from the first, maintained its standing, and its graduates, although not as numerous as from some of the other institutions, are a credit to their Alma Mater and to the dental profession.

Editorial Notes.

DELINQUENT SUBSCRIBERS.

Although the well-known Dr. E. S. Gaillard innocently (?) remarks "That respectable physicians should, for months together, receive medical journals, published by their brethren at great cost, and not pay for them promptly, is something too monstrous for belief," the fact is still true; and we can show the names of well-known and popular physicians of this and neighboring States, who not only have not paid their subscriptions, but deliberately ignore a letter calling their attention to this omission. When we say that we have $3,000.00 of delinquent subscriptions on our books, we are not exaggerating one iota. Most of these physicians are well able to pay, and would resent any reflection upon their promptness in meeting their obligations, and yet, strange to say, they seem to consider a medical journal bill in much the same light as the general public does a doctor's bill, *i. e., to be paid last of all if paid at all.*

SUB-NITRATE BISMUTH,

Manufactured by the MALLINCKRODT CHEMICAL WORKS. ST. LOUIS, is absolutely pure, free from acid smell and taste so objectionable in some makes, very white, bulky and superior. Physicians are requested to convince themselves of the excellent quality of this article by a careful trial and examination.

Always Specify "MALLINCKRODTS."

We would call the attention of our readers to the advertisement of Caswell, Hazard & Co., in this Journal; those who have not already read it, will be instructed by reading.

They have, in connection with their Chemical House, a Surgical Instrument Department, where instruments and made accurate and after the pattern furnished by Physicians and Surgeons.

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In July, 1882, the Supreme Court of Rhode Island, by Final Decree, enjoined William H. Hughes, Theodore S. Hughes and the Hughesdale Manufacturing Company from offering for sale "Acid Phosphate," so-called, in any package which shall be a substantial or colorable imitation of Horsford's Acid Phosphate.

Sept. 24, 1883, the Court decided that William H. Hughes and Theodore S. Hughes, had violated said injunction by selling the "Hughes Acid Phosphate," so-called, and that a writ of attachment must issue against them, whereupon the said respondents were fined $300 each.

The Rumford Chemical Works again warn all persons from selling any imitation of Horsford's Acid Phosphate, or any Acid Phosphate under any style of label, or form of package, for use as a medicine or article of diet, or ingredient to be employed in beverages or food; or any proprietary article for use as a medicine or beverage, under the name of "Acid Phosphate," as they will thereby infringe their trade-mark, copyright, or patents, and render themselves liable for damages.

With reference to the above, it affords us pleasure to note the prompt and vigorous action taken by the Rumford Chemical Works in this case, and the recognition by the Supreme Court of the rights of said corporation. The disreputable and growing practice of infringing upon well-known and meritorious articles, after they have acquired reputation, popularity and value, should be discountenanced by all respectable dealers, as it is by the Courts, and the attempts of unscrupulous persons to build up a business upon the capital of somebody else, and thus perpetrate a wilful fraud upon the community, should be everywhere condemned; and the trade, moreover, should do all in their power to protect the rights of individuals and corporations in the exercise of a legitimate business.

Periscope.

Article LXXIX.

Dr. J. S. Apperson, of Town House, Va., in the *Virg. Med. Monthly*, advocates the use of local applications to the os and cervix uteri, in the sickness of pregnancy, and reports three cases successfully treated in this manner, after the usual remedies had failed to relieve the patient. In the first of these cases there was marked erosion of the cervix, with a free discharge of glutinous and bloody mucus; in the second, there was congestion only; and in the third, apparently no morbid condition whatever. In each case, he employed a nearly saturated solution of glycerine and carbolic acid, which, after cleansing the parts, was freely applied over the vaginal cervix, and as deeply as safety permitted, into the canal itself. A cotton wad saturated with glycerin and thirty drops of tr. opii was then placed under the cervix, with directions for its removal after ten or twelve hours. This procedure was repeated at intervals of four or five days. The first application was followed by marked improvement, in every case but the second, where it caused considerable pain and nausea, probably because, as the doctor suggests, it was carried too far into the cervical canal, as subsequent applications were followed by no unpleasant symptoms.

Death Caused by Entrance of Air into the Veins of the Uterus.—Prof. Gustav Braun, in the Vienna *Wochenschrift*, describes the case of a healthy woman, who was normally delivered upon her left side. After the birth of the child, patient turned upon her back and the uterus was compressed (massage).

Placenta came away rapidly and easily, but immediately following it, the woman was seized with convulsions and became unconscious. Now there was profound collapse, respirations slow and superficial.

Death occurred, notwithstanding the use of analeptics. At the necropsy all the veins of the neck, veins of the heart, even

to the smallest ramifications, as well as the uterine veins, contained closely crowded and easily displaced air bubbles.

As no instrument had been introduced into the vagina, air must have entered while patient changed her position. While the placenta was being expressed by massage, air entered the flabby uterus, and was forced into the uterine veins by the continued compression.

DISADVANTAGES OF ANTHROPOPHAGY.—In 1848, says the *Australasian*, a man by the name of Sutton was killed, roasted and eaten by the warriors of a savage tribe in New Caladonia. Sutton was affected with syphilis, and all those who ate of him died in a short time afterwards, presenting symptoms of true poisoning.—*Union Med de Canada.*

SOLIDIFIED CREOSOTE IN DENTAL CARIES.—Creosote is a popular remedy much in use for toothache and caries of the teeth. Its fluidity sometimes causes serious oral accidents, but which can be remedied by solidifying it with collodion—two parts of collodion to three parts of creosote. A gelatinous mass is thus obtained, which is plastic and with which the cavity of the tooth can be obdurated, which prevents the access of air, and influences the dental nerve.—*Revue de Therapeutique.*

ACCORDING to Dr. Latlow's experience, the oil of turpentine administered internally, is the best remedy for diphtheria. It was used in forty-three cases and only one died.

DR. LAEB, of Frankfort, observed hæmaturia in a case of acute rheumatism, following the administration of fifteen grams of salicylic acid in twenty-four hours. Gerhardt observed a similar case, after the administration of comparatively small doses (three grams daily). Albuminuria was found in the urine.

A CASE WITH AN EXTREMELY SLOW PULSE.—An emaciated patient, aged fifty-three, complains of periodical vertigo and headache. At apex of heart, two prolonged murmurs. The pulsations of the heart or any of the arteries are nineteen or twenty to the minute, and irregular.—DR. J. POLLAK, Warschau, *Med. Zeituug.*

ON CERTAIN ABSCESSES OF THE NECK WHICH MAY CAUSE SUDDEN DEATH, AND HOW TO TREAT THEM WITH SUCCESS.—Dr. John A. Lidell, in a very instructive article on this subject, in the number of *The American Journal of the Medical Sciences* for October, 1883, points out that sudden death may occur from deep-seated abscesses of the neck, or the continuance of life may be greatly endangered, much oftener than is generally supposed, and that these abscesses in the neck are more frequently attended with hæmorrhages due to the opening of important bloodvessels by ulceration or erosion, and by *ramollissement* consequent upon the disorders themselves, than abscesses in the other surgical regions. The superior liability of cervical abscesses to the spontaneous occurrence of dangerous hæmorrhages arises in part from the greater number and importance of the cervical bloodvessels; but more particularly from the inanition and exhaustion, or low state of the constitutional powers, and consequent feebleness of the reparative forces, which rapidly result from most of the deep abscesses of the neck, or rather from the inability to swallow enough food to support life, and from the powerlessness to get any refreshing sleep, or even repose, with which these abscesses are oftentimes attended. The septic or toxæmic influence of the fetid secretions and exudations which present themselves in the oral and faucial cavities in many instances, also aids materially to still further depress the patient, and weaken the reparative processes of his system. The deep-seated abscesses of the neck, when allowed to run their own course, do not exhibit any tendency to a spontaneous cure; but, on the contrary, they always tend to destroy life by burrowing or spreading, etc.; and Dr. Lidell shows that the earlier they are laid open and evacuated, the better for both patient and surgeon

As soon as fluctuation is discerned, the abscess-cavity should, without delay, be freely laid open, the coagula turned out, the bleeding point or source of the hæmorrhage brought distinctly into view, and the delinquent vessel itself should be ligatured on each side of the aperture in its walls. But should the ligatures cut through, the actual cautery must be applied to the bleeding point, the primitive carotid artery should be firmly compressed against the cervical vertebræ by the surgeon's thumb or fingers applied on the anterior part of the corresponding side of the neck, between the larynx or trachea and the inner border of the sterno-cleido-mastoid muscles, with force enough the press the artery

backward and inward against these vertebræ, and flatten it thereon. Should this procedure fail, it will be advisable, especially in cases where the bleeding proceeds from tonsillary abscesses, to ligature at once the primitive carotid artery.

DR. F. FRUHWALD'S observations at Prof. Widerhafen's clinic, show that applications of iodoform to the throat, in cases of diphtheria, produce no marked local or constitutional effect, nor does it have much effect in diphtheritic wounds, or diphtheria of the conjunctiva.

In stomatitis ulcerosa, powdered iodoform, applied by means of moist cotton, gives good results.—*Wiener Med. Wochenschrift.*

IRRIGATION OF THE STOMACH IN INFANTS.—For the last three years, irrigation of the stomach has been practiced at the foundling institute of Prague; it was performed on 286 infants, the majority of whom were from two to eight weeks of age. It is recommended in all cases, in which decomposed and poorly congested milk has been vomited, showing that the stomach retains its contents much longer than it should under normal conditions.—DR. ALIAS EPSTEN, in *Arch. f. Kinderheilkunde.*

THE VALUE OF PICRIC ACID AS A TEST FOR ALBUMEN.—Drs. C. A. Cooke, and R. B. Watkins, of Baltimore, Md., after a series of experiments, found, (*Med. News*, Oct. 27), that on adding picric acid to a solution of sulphate of quinine or cinchonidia, a yellowish white, albuminish-looking precipitate formed, although heat and nitric acid produced no reaction whatever. They also found that in twenty-five cases, whose urine was examined before and after taking six grains of quiniæ or cinchonidiæ sulphate, while picric acid gave no reaction before the administration of the drug, it invariably gave one nine or ten hours after. That the precipitate produced was quinine and not albumen, was experimentally shown by means of Herapath's test. As quinine is so freely used, and is eliminated by the urine, and as this reaction cannot, by the naked eye, be distinguished in appearance from that of albumen, this fact materially affects the value of the picric acid test for albumen in urine, especially when added to the objections set forth by R. W. Batton, of Gloucester, viz.: 1. That an excess of albuminous urine dissolves the precipitate formed by picric acid; 2. That potassium salts are precipitated by it.

THE THERAPEUTIC VALUE OF CORN SILK.—Gaillard's *Medical Journal* condenses from *Progres Medicale* an interesting article on the subject of the therapeutic properties of corn silk. The observations upon which the article is based are by Dr. Laundrieux. The deductions are: (1) That corn silk is not only a valuable alterant of the urinary secretions, but possesses also an incontestible diuretic value; (2) that the diuretic action of the drug is more or less permanent, the increase in the amount of urine voided continuing three or four days after the administration of the last dose; (3) the results of the diuresis thus produced, are observable not only in the urinary apparatus, but in effects produced upon the general circulation.—*Atlanta Med. Reg.*

HYSTERIA—CAUTERIZATION OF THE CLITORIS.—The late Prof. Friedreich shortly before his death, had prepared a paper, which has since been published, on this subject. In many cases of obstinate and severe hysterical affections he found that cauterization of the clitoris by nitrate of silver had the most beneficial effects. The cauterization must be severe, as slight superficial cauterization tends to aggravate the disease. The pain is at first severe, and during it the patient must remain in bed. Among the cases which he gives as cured with extreme rapidity by this method are: One of paraplegia, which had lasted for a year and a half; hysterical aphonia, lasting for two years; glossoplegia, lasting for four months; tonic spasm of the spinal accessory, lasting for seven months; and several cases of general severe hysterical convulsions.—[*Practitioner.*

A NEEDLE FORTY-SIX YEARS IN THE BODY.—In the *Louisville Med. News*, Dr. C. J. Walton tells of a woman who swallowed a large needle, with a broken point, away back in 1830. In 1850 she was seized with lancinating pain in the left hip-joint, which after a while passed away; in 1874, similar pain occurred in the left shoulder and arm. In 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of left arm, three inches above the elbow-joint. All remedies failed to effect relief, when, in applying a liniment, something wounded her hand, and on looking for the offending object, a blunt needle-point was discovered, but so firmly held in its location that an incision was required, and considerable force was necessary to extract it with forceps. The

needle was blackened, and had lost its smoothness. Careful examination showed the needle to be one of an ancient pattern which has long since ceased to be manufactured. Since removing the needle the lady enjoys perfect immunity from pain, and is now a woman of eighty, with the physical and mental vigor of one forty years of age.—[*Med. and Surg. Rep.*

ADONIS VERNALIS AS A HEART-TONIC AND DIURETIC.—This plant has been for a long time in use in Southern Russia as a popular remedy in the treatment of dropsy, but has not hitherto been submitted to scientific investigations made with a view to determine its physiological and therapeutical action. Prof. Botkin has recently employed it extensively in his clinic at St. Petersburg, and Dr. Bubnoff, presents a report of the results obtained (*Allgemeine Medicinische Central-Zeitung*, July 28, 1883). It was found to be of value in those cases of dropsy only in which there was pre-existing cardiac disease. After the administration of adonis vernalis the heart-beats were much strengthened, the size of the organ was diminished, and its tones were much louder. The systolic murmur of aortic stenosis especially was intensified. The heart's rhythm became more regular, and the pulse slower and fuller. The daily excretion of urine was increased largely, sometimes rising from ten or twelve ounces to eighty or ninety ounces in the twenty-four hours. In cases in which there was no actual lesion of the kidneys, the albumen and casts disappeared. The subsidence of œdema went hand-in-hand with the increase in the amount of urine excreted, and at the same time the secondary symptoms depending upon œdema of various organs disappeared. The patients expressed themselves as feeling much better. The remedy was given in an infusion of the strength of ʒj. to ℥vj., to which two drops of oil of peppermint were added. The dose of this infusion was a tablespoonful every two hours.—[*Med. Rec.*

OIL OF PEPPERMINT IN ZOSTER.—Dr. Meredith says that he has found the oleum menthæ pip. more effective than any other form of anodyne application he has tried, in allaying the neuralgic pains so often piteously complained of in cases of herpes zoster. He has painted the oil over the eruption when it was out in a fresh, florid condition, and with great relief to the patient.—*Medical Record.*

SCARLET FEVER is due to a micrococcus, and not a bacillus, says Dr. Fraser, of Edinburgh. It does not make much difference which parasite is the cause, says truly the *Med. and Surg. Rep.*, what we now cry out for is a parasiticide.—[*Louisville Med. News.*

DR. SQUIBB has substituted for the ordinary blue and red litmus paper a single color, namely purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.—[*Atlanta Med. Reg.*

COLLODION FOR WENS.—Dr. William H. Lamm, of Centreville, Ohio, writes: An article in the October number of the MEDICAL AGE, by Dr. Careaux, upon the removal of wens without the knife, has called the attention of the writer to the use of collodion as an application to wens, especially to the eyelids. I have succeeded in removing these troublesome little tumors in this way, by keeping the part well covered, in a short time, comparatively, without the least pain or inconvenience to the patient. The effect of this agent is, no doubt, by its equitable compression upon the tumor, producing absorption.—[*Med. Age.*

THE MASTER IN OBSTETRICS.—The University of Dublin having conferred the honorary degree of Magister in Arte Obstetricia on Dr. Geo. H. Kidd, it fell to the lot of Prof. Webb to deliver the public oration on the occasion. This he did in Latin. When an English orator translates his Latin quotation, he does it "for the benefit of the ladies," and for the same reason the Proceedings of the Med. Soc. of the County of Kings "proliferates" the following translation of Prof. Webb's oration: "And now, O Juno, Goddess of Childbirth, lend me your aid. Assist, I pray, my genius in travail; for that chaste priest is now here to be honored, who is wont to preside over your rites and ceremonies with deepest reverence. Is it then that poetic rapture deceives me?

'Constantly are heard loud voices and crying of infants——'

not of infants, as below,

'Whom, deprived of sweet life, and torn from the breast
a dark day
Has hurried off—'

but whom Juno herself befriending, this our master of the obstetric art has led forth to the light. At his birth a sign, a synonym of Hædus, shone forth—a brilliancy as they say, water bringing, if as is said of Danæ, showering gold. We all owe something to the obstetric art. Let us all salute the distinguished chief of this excellent art."—[*Med. Age.*

Book Reviews.

Article LXXX.

The Pathology, Diagnosis and Treatment of the Diseases of Women. By Graily Hewitt, M. D. Lond., F. R. C. P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, etc. A New American from the Fourth Revised and Enlarged London Edition. With 236 Illustrations. Edited with Notes and Additions by Harry Marion Sims, M. D., Attending Surgeon to St. Elizabeth's Hospital, New York, etc. Two volumes, pp 469 and 561, 8 vo. Price $ 2. 25 per. vol. New York, Bermingham & Co. 1883.

Graily Hewitt's name has been familiar to the American student, for a number of years, and his work has lately become one of the most popular text books. This work has some points of peculiar interest. It advocates the mechanical pathology of some forms of uterine disease, showing that the changes in the shape and position of the uterus are directly or indirectly responsible for the sufferings and discomforts attendant on the affections peculiar to the female sex. A few years ago, he expressed these conclusions, and has tested and verified them by a subsequent experience.

A large number of new illustrations have been added to this edition, most of them representing flexions and displacements of the uterus, drawn life size.

The 1st Vol. contains 31 chapters, and the 2nd Vol. 21 more, and an appendix of 67 pages, giving the (*a.*) Differential Diagnosis of Pains Referable to the Internal Generative Organs, including Dysmenorrhœa. (*b.*) Differential Diagnosis of Pelvic Tumors and Enlargement of the Uterus, including Pregnancy, by Digital Examination of the Vagina. (*c.*) Diagnosis of Abdominal Tumors, including Pregnancy—Examination of the Abdomen. (*d.*) Sterility.

A Practical Manual of the Diseases of Children. With a Formulary by Edward Ellis, M. D., Late Senior Physician to the Victoria Hospital for Sick Children etc. Fourth Edition, Revised and Enlarged. Bermingham & Co. Publishers, 1260 & 1262, Broadway, New York, 1882, pp. 218, 8 vo., price $1.00.

This work is a fair exhibit of the way the children were treated in London in 1869, and the way they are treated in Christ's church, New Zealand, in 1881. There is almost nothing new in it. The greater portion of his formulary is useless to us as it is taken from the British pharmacopœia. His dietary is very good, but is found in almost every one of our works on diseases of children.

Insanity, Its Classification, Diagnosis and Treatment. A Manual for Students and Practitioners of Medicine. By E. C. Spitzka, M. D., Professor of Medical Jurisprudence and of the Anatomy and Physiology of the Nervous System, at the New York Post Graduate School of Medicine etc., pp. 415, 8 vo. Price $3.00. Bermingham & Co. New York 1883.

Dr. Spitzka originally intended that this work should cover no other ground than the definition, diagnosis and classification of insanity. Part 1st, contains eleven chapters on the general characters and the classification of insanity. Part 2nd, has twenty-two chapters on the special forms of insanity. Part 3rd, contains seven chapters, and is devoted to the practical part of the subject, which embraces the method of examining the insane; the differential diagnosis of the forms of insanity; the recognition of simulation; the physical and psychical causes of insanity; the medicinal, dietetic, and psychical treatment of insanity, and the management of the insane.

There is no doubt but that the work will be eagerly sought for, by those desire to become acquainted with this symptom of brain disease, as the author, by his numerous articles in the medical Journals, is well known in his profession.

A Complete Handbook of Treatment, Arranged as an Alphabetical Index of Diseases to facilitate reference, and containing nearly 1000 formulæ. By Wm. Aitken, M. D. (Edin.), F. R. S., Professor of Pathology in the Army Medical School, Examiner in Medicine for the Military Medical Services of the Queen. etc., pp. 444, 16 mo. Price $1.00. Bermingham & Co. New York, 1882.

As the title page of this book indicates, it is merely an outline of the treatment of every recognized disease; it does not pretend to go into the minutiæ even of treatment, but gives that which is the most prominent.

Probably one of the reasons, that may be given for the popularity of works of this kind, is the well known tendency of a large number of medical men to avoid works on theoretical discussions, and to seek for the gist of the subject in as short a

time as possible. The book contains the views of the distinguished author as well as those of more recent date.

AN ENCYCLOPÆDIC INDEX OF MEDICINE AND SURGERY, Edited by EDWARD J. BERMINGHAM, A. M., M. D., by 36 contributors, pp. 934, 8 vo. Price $6.00 sheep. $5.00 cloth. Bermingham & Co. New York 1882.

Dr. Bermingham has written to a large number of the most prominent men of the present day, asking them for their views and treatment on the various diseases that affect the human body. These he has published in book form, giving us in one volume that which has been proven, by his contributors, to be the most important in the treatment of Medical and Surgical diseases. We heartily commend the work.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. Including localized and general Faradization; localized and central Galvanization; Franklinization; Electrolysis and Galvano-cautery. By GEO. M. BEARD, A. M., M. D., Fellow of the New York Academy of Medicine, Member of the American Academy of Medicine etc. and A. D. ROCK; WELL, A. M., M. D., Fellow of the New York Academy of Medicine, Member of the American Academy of Medicine, etc. Fourth Edition, Revised by A. D. ROCKWELL, M. D. With nearly two hundred illustrations, pp. 758, 8 vo. New York, Wm. Wood & Co. Publishers, 56 & 58 Lafayetté Place, 1883.

This is the best work on electricity in the English language. We welcome this fourth edition, not because the previous three were imperfect, but because this new one contains the latest advances made by these two most original workers in this specialty. Every physician, who desires to become acquainted with the proper manner of applying electricity for medical and surgical purposes, should purchase this work.

THE COLLECTIVE INVESTIGATION OF DIPHTHERIA AS CONDUCTED BY THE THERAPEUTIC GAZETTE, DETROIT, MICH. With Editorial Summary, by J. J. MULHERON, M. D., pp, 120, 8 vo. Detroit, Mich., Geo. S. Davis, Medical Pub., 1883.

The important portion of this work is Dr. Mulheron's summary, which we have read through with great interest and profit. I have also read Bro. Gaillard's review of this work, and must say that I consider Dr. M's conclusions as nearly proved

as they can be, from letters received from physicians in different parts of the country. The author's conclusions on the use of chlorate of potassium very nearly meet with my approbation. He says: "That it is entitled to the esteem in which it is held is not clear, and there are grounds for suspecting that its popularity is a result of the mistaken conception of its physiological action, on the strength of which it first achieved popularity, viz.; that by its decomposition within the system, oxygen is set free and the blood thus purified".

If some of the chlorate of potassium prescribers would use a hot water saturated solution of this salt in their own diphtheritic throats, for two or three days, I am very sure that they would not desire a further continuance of it. In my opinion, the use of muriated tincture of iron prevents a great deal of the injury that the potassium salts would do to the throat. Another recommendation, that I would make to believers in the chlorate of potassium, is to sprinkle a little of it on their cut finger, or dust a little of it in their eye when affected with catarrhal inflammation. These experiments will prove that it is a positive injury to all inflamed tissues. I think that his conclusions are of sufficient importance to have them placed before the readers of the Journal under the head of Periscope.

Thos. F. Rumbold.

Practical Clinical Lessons on Syphilis and the Genito-Urinary Diseases, by Fessenden N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons; New York, etc., pp. 584, 8vo. Price $4.50. New York, Bermingham & Co., 1883.

We have for some time been expecting a text book on this subject from Dr. Otis. In looking through the work, we notice that his views on certain important points differ, very materially, from those embodied in text books in general use. He says that he has been unable to accept the views of nearly all the authorities, namely; that it was a mysterious, instantaneous poisoning of the organism, in defiance of all known physiological and pathological laws. A careful study of the matter in connection with modern discoveries had convinced him that an explanation of all lesions and manifestations of syphilis was possible, through known physiological and pathological processes, also that the universally accepted view of the advent and behavior of syphilis was incorrect.

The work is full of the history and treatment of every variety of case, that has occurred in his very large practice, which makes a very valuable work for the general as well as special practitioner.

Transactions of the American Otological Society, Sixteenth Annual Meeting. Vol. 3, Part 2, pp. 196, 8vo. Published by the Society. Mercury Publishing Co. Printers, New Bedford, Mass., 1883.

From the papers printed in these transactions, we should judge that the society had a very profitable and successful meeting.

Dr. Holt's paper on the observations of the hearing power in different conditions of the ear, is one of the best papers presented at the meeting. These observations were made upon twenty-four cases of chronic non-suppurative otitis media; twenty-four machinists; twenty-four boiler makers; and twenty-four normal ears. Had he included twenty-four cases of suppurative otitis media, he would have increased the value of his observations.

From the shortness of the discussions, it would seem as though they conducted their meeting without a short hand reporter. This plan is a very small saving, in comparison to the benefit derived from fully reported remarks.

The Principles and Practice of Surgery by D. Hayes Agnew, M. D., L. L. D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Volume III.

This volume, like those that have preceeded it, bears the imprint of the personal ideas and judgement of an active worker in the field of Surgery, and it is in this more valuable than many of the works that are now placed before us by men who have more theory than practice. The author's judgment is good, for it is the result of long practice and studious habits.

Volume III is largely devoted to regional surgery. The larynx and trachea, nose and naso-pharyngeal region, the eye and its appendages, the ear and diseases of the mammary gland each have a chapter devoted to their consideration and occupy nearly one half of the volume. There is much of value in some of these chapters, but the chief attraction to the general surgeon will be found in his chapters on malformations and deformities, syphilis, tumors, the affections of muscles, tendons, bursæ and the surgical affections of the nerves, the lymphatic system, skin and subcutaneous connective system, where the author has in brief space put upon record much of value, although perhaps not much that is new.

This volume completes a system of surgery, which is valuable to the practitioner because it is the record of a diligent worker. The system will serve as a guide to the surgeon and as a book of reference to the student.—H. H. Mudd, M. D.

The Roller Bandage. By Wm. Barton Hopkins, M. D., Surgeon to the Out-Departments of the Pennsylvania Hospital, etc. etc. With seventy-three illustrations. (Phila.: J. B. Lippincott & Co. 1883.)

This practical little work will fill a corner of every medical student's library. The illustrations are plain and the student could apply the bandages by looking at the cuts, almost unaided by the text, which is very brief and devoid of everything but the rule for application, and the use to which the dressing is commonly put.

Materia Medica for Physicians and Students. By John B. Biddle, M. D., late Professor of Materia Medica, Jefferson Medical College. Ninth Edition, Revised, Rewritten and Enlarged in accordance with the Sixth Revision of the U. S. Pharmacopœia, by Clement Biddle, M. D., U. S. N. Illustrated. (Phila.: P. Blakiston, Son & Co., 1012 Walnut St., 1883. 12mo. pp. 537.)

The best evidence that this work has been well received, is that the eighth edition was soon exhausted, compelling the publishers to print this, the ninth edition. A number of changes have been made, the majority of the articles rewritten, and a chapter on the metric system inserted. A large list of additions has been added and the chapter on Pneumatic Aspiration has been omitted. This edition will be well received by the profession and medical students.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army, Authors and Subjects. Vol. IV. E-Fizes. (Washington: Government Printing Office, 1883. pp. 1033.)

This volume includes 4,802 author-titles, representing, 1,926 volumes and 3,885 pamphlets. It also includes 12,361 subject-titles of separate books and pamphlets, and 48,977 titles of articles in periodicals.

This is a valuable addition to the library of any medical man sa he can thereby find what authors have written on any particular branch that he may want to investigate.

The Medical Student's Manual of Chemistry By R. A. Witthaus, A. M., M. D., Professor of Physiological Chemistry, University of the city of New York, etc. etc. Illustrated. (New York: Wm. Wood & Co., 56 and 58 Lafayette Place. 16mo., pp. 370.)

This work is intended for medical students, and contains those portions of special chemistry which are of direct interest to the medical practitioner, excluding, as far as possible, those parts of purely technological interest, while chemistry, physiology and the chemistry of hygiene, therapeutics and toxicology have been dwelt upon.

The work is divided into three parts: Principles of Chemical Science; Special Chemistry; Operations and Manipulations, which will be of interest to the student and practitioner.

Obituary.

ARTICLE LXXXI.

WHEREAS, Through the death of Dr. Edward Montgomery, the St. Louis Medical Society has incurred the loss of one of its oldest and most respected members; therefore,

Resolved, That in the death of our brother and associate of many years, we recognize the accomplished career of an upright man.

Resolved, That, in calling to mind his industry, his unswerving honesty, his Christian faith, our sorrow for his loss, as he was approaching the allotted three score years and ten, is not overclouded by a sense of imperfection or failure in his life, as a man and physician.

Resolved, That his exceptional and legitimate professional success, attained by the steady pursuance of high-minded means, makes, for us, the memory of his life a model and an incentive.

Resolved, That a copy of these resolutions be respectfully tendered to his family.

C. E. BRIGGS, M. D.,
G. M. B. MAUGHS, M. D.,
D. V. DEAN, M. D.,
S. POLLAK, M. D.,
G. HURT, M. D.,
Com. St. Louis Medical Society.

Books and Pamphlets Received.

Article LXXXII.

The Endoscope in Diseases of the Male Urethra. By A. Ravogli, M. D. (Reprint *Cincinnati Lancet and Clinic.*)

Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. (Illinois State Board of Health, 1883.)

The Treatment of Wounds as Based on Evolutionary Laws. By C. Pitfield Mitchell. Price 50 cts. [New York: J. H. Vail & Co., 1883.

Physician's Daily Pocket Record. By S. W. Butler. Eighteenth Year. Edited by D. G. Brinton, M. D. [Phila.: *Med. and Surg. Rep.*, 1884.

The Principles and Practice of Surgery; being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M. D., LL. D. Profusely Illustrated. Vol. III. [Phila.: J. B. Lippincott & Co., 1883.

Cruise of the Revenue-Steamer "Corwin," in Alaska and the N. W. Arctic Ocean, in 1881. Notes and Memoranda: Medical and Anthropological; Botanical; Ornithological. pp. 120. Government quarto. [Washington: Government Printing Office, 1883.

Transactions of the American Otological Society, Sixteenth Annual Meeting at Hotel Kaaterskill, Catskill Mountains, July 17th, 1883. Vol. III., Part 2, 8vo., pp. 122. (Extra copies may be had by addressing the Secretary, J. B. Vermyne, 98 Spring St., New Bedford, Mass.

Affections of the Eye as a Cause of Headache. Diseases of the Eye and Ear in connection with general diseases, and the assistance their proper diagnosis may afford the general practitioner. Acute Diseases and Injuries of the Eye, Ear and Throat; some suggestions to the Family Physician, on their Management. By W. Cheatham, M. D., Louisville, Ky.

The Antipyretic Treatment of Typhoid Fever. By G. C. Smythe, A. M., M. D., Indianapolis, Ind.

News Items.

Article LXXXIII.

A Daily medical journal has been started in Paris.

The *Archives of Laryngology* will be discontinued after the next number, for reasons not stated; also the Pittsburg *Medical Journal*, whose manager will suspend its publication after the December Issue, as he intends to visit Europe in the spring of 1884.

Any person having purchased a copy of the U. S. Pharmacopœia of 1880, and desiring a list of the corrections since made therein, can procure the same by sending a two-cent stamp to Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, N. Y.

The name of the Tri-State Medical Society has been changed to the Medical Society of the Mississippi Valley, and its territory now extends from Canada to the Gulf of Mexico, and from the Alleghany to the Rocky Mountains. All local societies within these limits will be requested to send delegates to the annual meetings of the newly christened society.

Very Touching and Appropriate.—The Austrian government invited the members of the K. K. Society of Physicians to meet on the 1st of June, at 11 A. M., to witness the unveiling of a memorial tablet of the late Prof. J. Skoda, at his late residence on Skoda St. (formerly Reiter St.)

It is gratifying to see that there is at least one government which does honor to the memory of a physician, not only by conferring a title on him, but by a memorial tablet on his house, by naming a street after him, and by a liberal pension to his widow.—*Med. Jahrb.*

It is stated that Dr. Abbaté Pasha, Chief Physician of the Khedive and Vice-President of the Egyptian Institute, is satisfied that the present epidemic in Egypt is not Asiatic cholera, but *choléroïde*, a local malady presenting similar symptoms.—[*Med. Gaz.*

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The following letters received from physicians, show the value of Murdock's Liquid Food in cleansing the system of chronic diseases. The letters show the condition of the patients when they entered our Free Hospital containing 30 beds for Women and 60 for Infants:—

Mrs. D. (Our ladies are known by the letters on their beds.) May 30. "She is an overworked woman, now approaching the menopause; is suffering from nervous prostration, with palpitation, muscular weakness, and mental collapse (the letter term not used in the sense of insanity, but of incapacity). It would seem that your hospital would be a haven of rest to her, and your Liquid Food a tonic of much value. This may seem a meagre description, but her disease is of that nature that a detailed analysis of symptoms would require pages."

Mrs. D. entered our hospital June 1; has recived no medicine, and has taken our Liquid Food with sun and air baths daily, also rubbings. July 1 she has so far recovered her former health that she was willing to return home, but will remain with us until Aug. 1. She gains steadily in physical health, and increases one and a half lbs. per week in flesh—last week two and a half lbs.

Miss E. (letter received from her physician of May 18) states that she is "suffering from female troubles, also piles, constipation, and kidney troubles, with erysipelas, and intestines very weak." The action of her kidneys was very weak, she passing three to four quarts of water every night, equal to from forty-eight to fifty pounds per week. During the fourth week she was relieved of this trouble and her weight did not increase a pound during the month she was with us, proving that the kidneys were restored to health, and they unilized the water in cleansing her system, confirmed by the erysipelas disappearing. Her other complaints all improved so much that she felt safe in returning home, feeling confident she would continue to improve if she continued the treatment she received while with us, which was the same as that of Mrs. D.

Mrs. H. The following letter was received from her physician May 28:—

"She has suffered long from female complaints, and has had four miscarriages. She is now approaching the turn of life, and so all her troubles are aggravated at this time."

She remained with us one month and returned to her family, her several complaints much improved, and would have been relieved entirely if she had remained one to two months longer, and will if she continues the same treatment at home as she received at our hospital; but there is an impossibility where there is a family of children and household duties depending on the mother, even if she has assistance, for with such complaints as hers, physical and mental rest combined with sun and air baths and daily rubbing of the whole system are great assistants in restoring one to health, even with our Liquid Food, which is the most nutritious food known, and can be retained by the stomach when so weak as to refuse water and all other foods.

Miss G. has been taking our Liquid Food since last August. In the spring of 1877, then 20 years old, she began to fail, caused by general nervous prostration, and failed so rapidly that in the fall she was confined to her bed for 7 months. During the term she was treated by five physicians of good standing, but with no relief. She suffered severely with her stomach and could take but little food, and that she could not assimilate. Last August she was reduced to 70 lbs. (her former weight was 125); she could not walk across the room alone; she had not been dressed for months. Since that date she has taken a desert spoonful of Liquid Food four times daily, and has gained steadily five pounds a months, and now weighs 127 pounds; has returned home, take her meals with her family, walks round the yard, and takes short rides and continues to gain in strength.

Prior to last summer she had taken Chloral for eighteen months, and in vain had tried to leave it off, but could not until the nerves were nourished, which she succeeded in doing after taking Liquid Food a few weeks.

Her father writes us that he is convinced that Liquid Food has saved his daughter's life, and she, being his only child, he says words cannot convey the happiness that he and his wife enjoy in her recovery.

Mrs. C. had been an invalid for two years, a great share of the time being confined to her bed; has suffered very much from both abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, performs light duties, eats well, where before treatment she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss B. was taken four years ago, when 20 years old and weighing 140 lbs., with nervous prostration and neuralgia of her whole system. She failed so fast that she was unable to be moved for a year, and was so sensitive that she could not be touched without great pain. She was treated by the best medical talent of Boston for three years but with no relief. Her parents despaired of her being relieved of suffering except by death. Last summer she commenced taking Liquid Food (her weight was then 80 lbs.), and gradually gained at first. After 30 days her strength and vitality are about equal to what they were previous to her illness. She now weighs 120 lbs., can walk a mile at a time, can perform light duties, has no trouble in eating any food, is free from all pain, and is still gaining, showing that nutrition will relieve Nervous Prostration and Neuralgia, even if chronic for years, confirming what Fothergill, the ablest of English physicians says: "Pain is the prayer of a nerve for healthy food."

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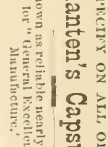

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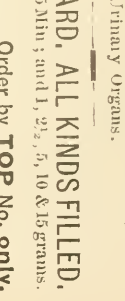

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